



Initial Consent for Treatment

(1) I hereby authorize doctor or designated staff to take x-rays, study modules, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of (name of patient) _____'s dental needs.

(2) Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.

(3) I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.

(4) Payment for service is due at the time services are rendered. We accept cash, personal checks, Visa, and MasterCard. A fee schedule for major dental treatment will be established before treatment begins. Returned checks and balances older than 45 days may be subject to additional collection fees and interest charges of 1 ½ % per month. Charges are made for missed appointments and appointments canceled without 24 hours notice (Reference Financial Policy). I will notify you of any changes in my health history or the above information. I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance on my account and for any professional service rendered.

I HAVE READ THIS FORM AND ACCEPT ITS CONTENTS

Patient/Responsible Party Signature: _____

Assignment and Release

I, the undersigned certify that I (Or my dependent) have insurance coverage with _____ and assign directly to: Dr's Ben and Susan Thompson all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance admissions.

Responsible Party Signature _____

Relationship _____ Date _____
