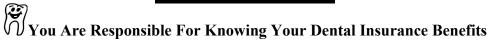
ATTENTION PATIENTS



Dental plans differ significantly. Each patient should know and understand his or her individual benefit package. Please contact your insurance company at the telephone number on your insurance card if you have questions regarding your coverage.

Patients with dental insurance are responsible for paying any co-payment, deductible, or fees for non-covered services at the time the services are rendered. We will be happy to give you an estimated treatment plan, however this is *only an estimate* and the patient is ultimately responsible for any payment not covered by insurance.

insurance.		
before seeking care. I understa	your dental plan, we encourage you to become familia and that my dental insurance carrier may pay less than syment of all services rendered on my behalf or on beh	the actual bill for services.
X		
	Signature of patient or parent/guardian if minor	Date
AUTHORIZATION, 1	RELEASE & AGREEMENT TO PAY FOR SERV	ICES RENDERED
practice may treat me, seek pay carry on the practice's health c	r, I hereby authorize the practice to disclose my medical yment from third parties such treatment (e.g. dental instare operations (e.g. qualify for insurance). I also authorize the insurers and providers who may treat me, seek paragraph operations.	surance), and generally orize the practice to
x		
	Signature of patient or parent/guardian if minor	Date
	FINANCIAL ARRANGEMENTS	
	r the following methods of payment. Please check the ons concerning financial arrangements or need special	
	intment AL CHECKAmerican ExpressDiscover ISAMASTERCARDCARE CREDITCi	ti Health
CARD#	EXPIRATION DAT	E
REGAR	DING MISSED AND CANCELLED APPOINTME	ENTS
this reason we offer LATE EV	o deliver our Best services at the most convenient time /ENING & WEEKEND hours. This is why we will i HOUR for regular appt and \$100 "MISSED SPECIA"	mpose a \$50 "MISSED

APPOINTMENT" fee PER HOUR on appointments not cancelled and/or rescheduled within a timely

Date

manner. We ask that you kindly provide us with at least a 24-HOUR/reg appointment and

Signature of patient or parent/guardian if minor

48-HOUR/specialist appointment NOTICE OF CANCELLATION.

X