

VERONICA AVALOS, D.D.S.

CONSENT FOR TREATMENT: I consent to have Veronica Avalos, D.D.S. and her staff provide treatment as recommended. I understand this consent may be revoked by me at any time.

X

Patient, Insured, or Authorized Agent's Signature

AUTHORIZATION TO RELEASE MEDICAL RECORDS AND INFORMATION: I hereby authorize the release of any medical records and information, including statements of my account pertinent to this dental treatment, which are necessary to process this claim.

X

Patient, Insured, or Authorized Agent's Signature

ASSIGNMENT OF DENTAL BENEFITS: I hereby authorize payment of dental benefits to Veronica Avalos, D.D.S. for dental services rendered.

X

Patient, Insured, or Authorized Agent's Signature

DENTAL MATERIAL FACTS SHEET / NOTICE OF PRIVACY PRACTICES: I have received a copy of the Dental Material Facts Sheet and Notice of Privacy Practices.

X

Patient, Insured, or Authorized Agent's Signature

PAYMENT POLICY: Payment is due at the time of service. We will accept cash, personal check, CareCredit, Visa, MasterCard, Discover Card, or American Express. As a courtesy, our office will bill your insurance carrier for services rendered. You are responsible for all co-payments, your deductible, and any amounts determined by your insurance plan, as not deemed dentally necessary. Co-payments and any amounts estimated by our office to be non-covered by your insurance company are to be paid at the time of service. Patients should remember that services rendered by our staff are rendered to the patient and not to the insurance carrier. The patient is responsible for payment of all charges. Any outstanding charges will be billed directly to you. Payment in full is expected within 30 days of billing. A finance charge may be added to accounts over thirty days.

We value you, our patient, and will continue to provide you with the best dental care possible. Should you have any questions regarding the above Payment Policy, please speak with our Front Office staff.

X

Patient, Insured, or Authorized Agent's Signature

Date

PLEASE NOTE: This office requires adequate notice for any appointment that needs to be changed or cancelled. Adequate advance notice is a minimum of 24 hours prior to the appointment. Inadequate notice will result in a Fifty Dollar (\$50.00) broken appointment charge. Insurance does not pay for broken appointment charges. Patient will be billed directly for any broken appointment charges incurred.