Consent for Treatment

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I attest that the information I have given is accurate to the best of my knowledge. It is my responsibility to inform this office of any changes in my information. I request and authorize Tree Town Pediatric Dentistry and its pediatric dentists, assisted by the dental staff, to perform diagnostic and therapeutic procedures necessary for my child's dental treatment. I understand that we might use behavior guidance techniques such as praise, child appropriate language, demonstration of procedures and instruments, and variable voice tone to aid in cooperation during dental treatment.

CONSENT FOR X-RAYS AND FLUORIDE TREATMENT

Dental radiographs (x-rays) and fluoride treatment are performed to maintain the health of the teeth. These procedures are rendered based on the child's needs and dental history as determined by my child's pediatric dentist and in accordance with the guidelines of the American Academy of Pediatric Dentistry and the American Dental Association. If you have insurance, the fee for the x-rays and fluoride treatment may or may not be a covered benefit and may have a frequency limitation.

Indicate below which treatment option you prefer:

- ○ I authorize dental x-rays and fluoride treatment as recommended by my child's pediatric dentist based on my child's needs, dental history, and the guidelines of the American Academy of Pediatric Dentistry and the American Dental Association. *
- ○ I authorize dental x-rays and fluoride treatment as approved by me at each visit.

PAYMENT INFORMATION

We accept cash, checks, debit cards, Visa, MasterCard, and Discover.

Payment is due at the time of service. For those who have insurance, we will submit your insurance claim for you. We require any deductibles, co-payments, and estimated patient portions to be paid at the time of service.

A missed appointment charge of $35 may be applied to your account if less than 24 hour notice is given. All unpaid balances will accrue a monthly fee of $5. Balances over 90 days will be subject to collections. If a check is returned NSF, there will be a $35 check return fee; from that point forward, checks will not be accepted. After 10 days, unpaid balances will go to collections. You may be discharged from the practice after missing two or more appointments.

Regarding collections: I agree to reimburse Tree Town Pediatric Dentistry any collection agency fees. The fees may be based on a percentage, at a maximum of 33% of the debt, and all costs and expenses including reasonable attorney fees incurred in the collection efforts.

AUTHORIZATION AND RELEASE

I authorize Tree Town Pediatric Dentistry to submit insurance claims on my behalf. It is my responsibility to review my insurance policy and to understand my specific dental benefits. I further understand that no employee or any other person from Tree Town Pediatric Dentistry is authorized to advise me as to my insurance coverage or benefits and I will not rely on any statements, even if made, because it is ultimately my personal responsibility to verify and confirm.

I understand that dental insurance plans are designed to cover only a portion of dental costs and I am responsible for payment of all services rendered to my dependent. In the event my insurance company has not paid their portion within 60 days, the balance of the bill will become my responsibility.

- ☐ I have read and agree to the Payment Information listed above. *
- ☐ I have read and agree to the Consent for Treatment and have indicated my choice regarding X-rays and Fluoride Treatment. *
- ☐ I have read and agree to the Authorization and Release listed above. *

Patient's First Name *

Patient's Last Name *

Signature of Parent or Guardian *

Today's Date

10/12/2023

PRIVACY PRACTICES

Federal and state law require the privacy of all health information. I acknowledge that I received the Notice of Privacy Practices for my child/dependent.

Signature of Parent or Guardian *

Today's Date

10/12/2023

Witness Signature

Today's Date

10/12/2023