TIMBER CREEK
DENTAL
&
Orthodontics

TO ALL OUR PATIENTS

IN AN EFFORT TO KEEP DENTAL COST DOWN WHILE MANTAINING A HIGH LEVEL OF PROFESSIONAL CARE, WE HAVE ESTABLISHED THE FOLLOWING INFORMED CONSENT FOR OUR PATIENTS. WE ENCOURAGE OUR PATIENTS TO DISCUSS ANY QUESTIONS THEY MAY HAVE REGARDING OUR POLICES.

FINANCIAL POLICY:

(1) Payment is due in **FULL** at the time of visit.
(2) We accept Cash, Visa, Master Card, Discover, American Express cards.
(3) If you have dental insurance, which provides coverage for this provider, we will be happy to help determine the coverage you have available.
(4) Keep in mind however; your insurance policy is a **contract between you and your insurance company. We, therefore, cannot guaranty payment of your claims or accept responsibility of negotiating claims with insurance companies or other person.**
(5) If the insurance has not paid or denied your claim in 45 days, **YOU ARE RESPONSIBLE** for full payment of all unpaid claims.
(6) Obtain payment from third-party payers (Care Credit).

YOUR PAYMENT IS TO BE PAID I FULL AT THE TIME OF EACH SERVICE.
ALL FEES ARE SUBJECT TO CHANGE.

I hereby authorize the release of any dental information necessary to process claims. I authorize the payment of benefits to the dentist described herein for services rendered. Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.

STATEMENT OF UNDERSTANDING:

I have read and understand this information sheet and informed consent.

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Patient or Guardian's Signature Date