

KARL L. HOFFMAN D.D.S.

CONSENT:

1. The undersigned hereby, authorizes doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of the patient's dental needs. This office no longer does silver amalgam fillings. Insurance companies now pay on bonded, tooth-colored fillings, and, we can usually estimate accurately what portion of the procedure they will cover.
2. I also authorize doctor to perform all recommended treatment mutually agreed upon by me and to use the appropriate medication and therapy indicated for such treatment in connection with (NAME OF PATIENT) _____. I understand that using anesthetic agents embodies a certain risk. Furthermore, I authorize and consent that doctor choose and employ such assistance as deemed fit to provide recommended treatment.
3. I understand that all responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless other arrangements have been made. In the event that payments are not received by the agreed upon dates, I understand that a 1½% finance charge (18%/YR) may be added to my account.

BILLING POLICY

Payment for services is expected at the time of treatment, unless financial arrangements are made prior to your appointment. Our fees for services are the same, whether the patient has dental insurance or not. For your convenience, we do accept Master Card and Visa.

INSURANCE

Although this office files insurance claims as a service to the patient, the insurance contract is between the patient and the insurance company. We have no control over the insurance company's method of payment, neither the amount nor timing; therefore, any agreement for payment of fees is between the patient and this office regardless of insurance coverage.

We will call your insurance company to determine an estimated percentage of the total fee to be paid. We ask you to pay the estimated amount not assured by your insurance company on the day of treatment.

Insurance companies now allow for "functionally acceptable work," whereas, in the past their coverage was for "quality work." It is our desire to provide our patients with the highest quality work within their financial capabilities and desires. What is most important to you?

- ◇ The highest quality dentistry available.
- ◇ The most economical treatment plan.
- ◇ Dentistry limited to insurance coverage.
- ◇ A combination of the above. Please

explain: _____

A BROKEN APPOINTMENT IS A LOSS TO EVERYONE. PLEASE INFORM US TWO DAYS IN ADVANCE IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT. A MINIMUM FEE OF \$100.00 WILL BE CHARGED, UNLESS 48 HOURS NOTICE IS PROVIDED.

SIGNED:

Patient/Parent/Guardian _____ Date _____