

FOR PROFESSIONAL SERVICES PROVIDED

We can only offer estimated costs for you. The funds necessary to complete any dental treatment that you may have will be an estimate based on information determined from our examination. Should additional problems occur as treatment progresses, alternative treatment/methods may be required. We will discuss any revisions with you before any additional treatment is provided.

Acceptance of Insurance Assignments by this office does not absolve you of full responsibility for the charges, in full, for the treatment rendered. An estimate, provided by this office, is to be considered a guideline until the final insurance payment is received, and your account has been reconciled. We make no guarantees of the insurance payment estimated.

FAILURE TO SIGN this contract does not relieve the responsible party from financial responsibility for any services that will be rendered, as submission to treatment implies consent.

SIGNATURE: _____

DATE: _____

Notice of Privacy Act

By signing below our office acknowledges that we have given to you information known as the HIPPA Privacy Act notice, which outlines your rights concerning your health information. You may take the information home with you if you prefer.

SIGNATURE: _____

DATE: _____