

## CONSENT FOR PAYMENT & PRACTICE AGREEMENT

We realize how important insurance benefits are. We ask that **You** carefully review your policy and/or contact your insurance carrier, so that **You** are aware of benefits, frequencies, limitations, and/or restrictions. **Please be informed that your dental insurance is a contract between YOU and YOUR insurance company. Our role is to simply assist you with filing your claims.**

While we will obtain a summary of benefits from your insurance it is up to you to know the frequencies, limitations, and/or restrictions of your plan. It is your responsibility to provide us with any changes in your insurance. If any dental services have been provided to you by any other provider within the existing benefit year, please advise us. **Any portion of treatment that your dental insurance does not pay will be your responsibility.**

Patients Initials \_\_\_\_\_

Payment is due at the time of service, however if you provide complete and accurate insurance information 2 days prior to treatment, we will allow you to pay only your estimated portion at the time of service. Major services will need to be preauthorized by your insurance before treatment has started. We ask that you give **2 business days notice to cancel or change an appointment.** We reserve the right to charge \$75 per missed hour.

Patients Initials \_\_\_\_\_

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my insurance coverage, medical status, and any personal information. I authorize the dental staff to perform any necessary dental services that are needed during diagnosis and treatment with my informed consent. I have read the above conditions of treatment and payment and agree to their content.

Patient Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### CLASSIC DENTAL CARE

832 S. Greenfield Rd  
Gilbert, AZ 85296