

Vintage Dental Spa **Office Consent Form**

24 HOUR NOTICE FOR CANCELLATION

I agree to give 24 HOURS NOTICE if I need to CANCEL or RESCHEDULE my appointment. If I do not, I will have to pay a broken appointment fee of \$25.00.

LATE APPOINTMENTS

If I am more than 15 MINUTES LATE for my appointment, I will either take the time remaining for my appointment or reschedule and pay a broken appointment fee of \$25.00

LIMITATIONS OF INSURANCE COVERAGE

Insurance may not cover every procedure that we recommend. Some examples might include: Nitrous Oxide, Temporary Dentures, Removal of Crowns or Bridges, Bleaching or Cosmetic Work. I understand that what might be quoted as my portion (co-payment) is only an ESTIMATE.

**I AGREE TO BE FINANCIALLY RESPONSIBLE FOR WHAT
INSURANCE DOES NOT COVER!**

FILING OF DENTAL INSURANCES FOR THE PATIENT

We routinely file insurance claims for the patient as a courtesy. The patient is still fully responsible for payment of all charges incurred within the office. We reserve the right to discontinue filing insurance claims for the patient at any time. If this occurs, the patient will then be responsible for payment of all fees in full at the times service is rendered.

FAMILY MEMBERS IN THE TREATMENT AREAS

We have limited amount of space in the treatment areas of our office. Our facilities do not allow for non patients to be present chair side. One adult may accompany a minor to the treatment areas if you desire. However, we do ask that no more than one family member be present. Also, please arrange for childcare when appropriate. We cannot be responsible for managing children that are with adults undergoing treatment. Our services require the full attention of our staff and doctors.

REQUESTING RECORD TRANSFERS

Professional courtesies are between dentists. I agree not to request records until I have a new dentist. If I do request a copy of my records, I will pay the fee of \$25.00.

**I AGREE WITH THIS INFORMATION PROVIDED. I HAVE READ THIS FORM AND
CONSENT TO TREATMENT.**

Sign: _____ Date: _____