



**CONSENT FOR SERVICES**

- We invite you to discuss with us any questions regarding our services. The best Dental health services are based on a friendly, mutual understanding between provider and patient.
- Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager.
- If you have dental insurance, we must emphasize that as your dental provider, our relationship is with you and not your dental insurance company. Your insurance policy is a contract between you, your employer and your insurance company. If there is any remaining balance owed after your insurance company has paid their portion, it will be the patient’s responsibility, or responsible party on behalf of the patient, to pay the remaining balance in full.
- If your account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for any and all legal fees, collection agency fees, interest charges and any other expenses incurred in addition to the principal amount due.
- All emergency dental services, or any dental services performed without a previous financial arrangement, must be paid at the time that services are rendered.
- I authorize the staff of Brooks Family Dental, PC to perform any necessary services needed during diagnosis and treatment. I understand that services can change in the middle of a procedure at the dental providers discretion and I am responsible for any change in expenses at the time services are rendered.
- I grant my permission to you or your assignee, to call me at home, cell or work or text to discuss matters related to this form.
- To the best of my knowledge, all of the preceding answers and information are true and correct. If I ever have a change in my demographic information, health or financial information, I will inform the office at the next appointment.

**APPOINTMENT POLICY:**

At Brooks Family Dental, we put our faith in you to keep your appointment. When we set up an appointment, a specific amount of time is reserved especially for you. If for any reason you must cancel or change your appointment, it is important that you give our office **at least 48 hours notice** to offer that time to someone else.

- **Cancelled appointments** within the 48 hour window will require a phone call by you to let us know that the appointment will be cancelled. Same day cancellations will be considered a missed appointment.
- **Missed appointments** will be documented in your dental record.
  - Non-Insured patients: If you miss 1 or more dental appointments within a six-month-period, you must pay for the next appointment in full. If you miss the rescheduled appointment again, \$100 will be applied as a non-refundable deposit.
  - Insured patients: If you miss 1 or more dental appointments within a six-month-period, you must pay a refundable deposit of \$100 that cannot be billed to your insurance company. If you miss the rescheduled appointment, the \$100 deposit will not be refunded to you.
- **Late arrivals:** If you arrive more than 15 minutes late for your appointment, you will be rescheduled to another date and time as to make sure that our Providers are given enough time to complete your treatment.

We will always try to confirm your appointments by text message, email or phone call. Please let us know as soon as possible if your schedule does not permit you arriving on time to your scheduled appointment. Exceptions will be made on a case-by-case basis, however, that cannot be done unless you have properly communicated that to our Front Desk Team.

I have read the above conditions of treatment and payment and agree to their content.

\_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Signature of Patient

\_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Signature of Parent/Financial Guarantor