

Patient consent (please initial):

Initial- insurance information:

_____ We will bill your insurance as a courtesy and all efforts will be made to collect from your Dental insurance company. However, it’s important to keep in mind that dental insurance is there to assist you and almost never will they pay in full for completion of dental care. Any *patient portions will be due at the time of service* unless prior arrangements have been made.

_____ Your dental benefits are based upon a contract made between your employer and an insurance company. The staff at Cañada Hills Dental does not work for your insurance therefore If you have any specific questions or concerns regarding your dental benefits, please contact your employer or insurance company directly.

_____ We are PPO providers (preferred-providers organization). When you have a PPO plan you have the freedom to choose whichever dentist you would like (Like us) PPO does not require you to select a dentist from a list or require our office to accept a reduced fee for service. Although we maintain a history of payment by a given company, things change almost all the time. Therefore, any quotes given are an estimate and no not guarantee payment. If you would like to have a more accurate estimate, we can submit a pre-treatment authorization but keep in mind this will delay treatment by approx. 4-6 weeks. We do not accept any HMO or discount/savings plans.

Initial- Financial policy:

_____ Cañada Hills dental accepts Vista, MasterCard, American Express, Discover, CareCredit, Cash and checks. No discounts will be given with any card payments. We also offer an in-office Loyalty plan which can be used for those patient’s who do not have dental insurance.

_____ Cañada Hills dental offers 5% off dental treatment to anyone 55+ with cash or check payments only. (This is not an additional discount to our loyalty plan members)

Initial- Cancellation/ No show policy:

_____ Each time a patient misses an appointment with any member of the dental team without providing a 24-hour notice, the patient is subject to a \$50 cancellation/ no show fee. We strongly encourage all patients to keep their scheduled appointments, but if you must change, please give us at least a 24-hour notice. If multiple appointments are missed, we may need to collect for services prior to scheduling.

Initial- HIPAA:

_____ I understand that Cañada Hills Dental is part of my healthcare providers therefore they maintain health records describing my health history. I have been provided with a Notice of Privacy Practices that provides a more complete description of how my information will be used.

Signature: _____ Date: ____/____/____ Printed Name: _____

If you have any questions, please do not hesitate to ask.