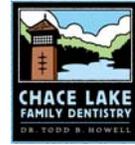


Chace Lake Family Dentistry



Authorization and Release

I authorize the Dentist to release any information including the diagnosis and the records of any treatment or examination rendered to my child or me during the period of such Dental care to third party payors and/or health practitioners.

I authorize and request my insurance company to pay directly to the Dentist or Dental Group insurance benefits otherwise payable to me.

Date: _____

Patient Signature (or parent of minor): _____

Financial Policy Agreement

Payment in full is expected at each appointment. If requested before treatment, we will provide an estimate of charges to be completed.

Patients with insurance: Our office will file your insurance company as a courtesy. Keep in mind we can only estimate what your portion will be, which is due the day of treatment. You will be billed the difference if the insurance company pays less than the actual bill for service. Regardless of your insurance benefits, you are responsible for charges incurred and remaining balances. It may take up to four weeks for our office to receive insurance payments. If insurance payment is not received after 60 days, we ask that you contact your insurance company.

Late charges: A 1.5% late charge will be assessed each month to any account not paid within 25 days of the monthly billing date. Accounts not paid before 90 days may be turned over to our collection agency or small claims court. In case of default of payment, additional charges including collection costs and reasonable attorney fees will be assessed to your account for trying to resolve your balance. If your account is not kept current, we reserve the right not to provide additional services except for dental emergencies or where there is repayment for additional services. Chace Lake Family Dentistry and / or our agents may contact you by the telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Contact methods may include using pre-recorded / artificial voice messages and / or use of an automatic dialing device, sending text messages or emails, using any email address you provide to us as applicable.

Broken Appointments: We reserve the right to charge for any broken appointment. Charges for broken appointments with the dentist may be up to \$40 if less than one hour. Appointments over an hour can be \$60. Broken hygiene appointments will be set at a rate of \$30. We ask that a 24-hour notice be given for any cancellation. If less than a 24 hour notice is given, it is considered a broken appointment with the exception of an emergency. We also reserve the right to dismiss a patient that has three or more broken appointments.

My signature acknowledges that I have read, understand the terms as stated above and agree to be responsible for payment of all services rendered on my behalf or my dependents

Patient Signature (or parent of minor): _____

Date: _____

After Hours Policy

Narcotics will not be called in after hours or on weekends. Nor will narcotics be given where treatment is not rendered

My signature acknowledges that I have read and understand the After Hours policy as stated above.

Patient signature (or parent of minor): _____

Date: _____