

PRUDENTIAL DENTAL ASSOCIATES, INC.

RELEASE AND AUTHORIZATION FOR TREATMENT

1. I understand that there are no treatment guarantees.
2. I understand that my medical / dental situation can change, thus affecting the outcome.
3. I understand that all radiographs (x-rays), models, and any other diagnostic materials are the property of Prudential Dental Associates, Inc, and will be used by the Practice accordingly. This material may be used in a teaching environment.
4. As a patient I am entitled to a copy of my radiographs for a nominal fee upon written request.
5. I understand that there are health risks, although minimal, involved with any dental treatment.
6. I understand that even though I may have dental insurance, the ultimate responsibility for payment is mine. After a 30-day period, payment is due in full unless prior arrangements have been made.
7. I understand that by signing this document, If I miss an appointment, or give less than 48 business hours notice for a cancellation or change in the appointment there will be a \$75.00 fee in Hygiene. For the Doctor's time, 10% of the total appointment fee will be required when scheduling to reserve chair time. If I miss an appointment, or give less than 48 business hours notice for a cancellation or change at the reserved time, the 10% fee will be non-refundable at the time of service. If I am able to make the appointment that 10% fee will be applied toward my co-payment.
8. I authorize my dental insurance company to pay Prudential Dental Associates, Inc. directly.
9. I understand that if I do not pay my bill in a timely manner, late fees and finance charges will accrue. If the services of a collection agency are required, that fee will also, be my responsibility.
10. In the case of a divorce, it is the patient who makes the appointment or accompanies the child that is responsible for payment for dental services rendered.

I have read and agree to the above statements.

My signature below constitutes my agreement.

Patient signature

Parent / guardian for minor under age 18

Date

Date