

CONSENT FOR SERVICES & OFFICE POLICIES

Financial and Insurance Policies:

It is our objective to provide our patients with cutting edge dental technology, superior dental materials and expert care in a comfortable environment.

In order to provide this quality of dental care, we request all of our patients pay their estimated personal cost of treatment at the time of their visit. As a courtesy to our patients, we will file your dental insurance claims and bill your dental insurance company for treatments you receive. However, in the event the insurance company, for any reason does not pay the estimated portion of the bill, the balance will become the patient's responsibility and will be billed directly to you.

Please take the time to read and understand your insurance policy and benefits. In most cases, dental insurance is a contract between your employer and a dental insurance company. The benefits you receive are based on the terms of the contract that were negotiated between your employer and the dental insurance company, and not our dental office. Our goal is to help you achieve and maintain optimal dental care. Our office will do everything possible to help you understand and make the most of your dental insurance benefits.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for at the time services are performed.

A billing charge of \$2.50 per statement period, and a service charge of 1.5% (18% per annum) on the unpaid balance will be charged on all accounts exceeding 30 days, unless previously written financial arrangements are satisfied. Any accounts past due over 90 days will be forwarded to a collection agency.

The fee estimate listed for dental care can only be extended for a period of sixty days from the date of patient examination.

Policies for X-rays and Dental Records:

X-rays in conjunction with a clinical exam are necessary in order to devise a complete and accurate diagnosis and dental treatment plan. Examination x-rays are generally taken once a year for adults and every six months for children. However, the frequency at which x-rays are taken will be determined based upon each patient's individual dental needs. If you deny recommended x-rays, you may be asked to sign an x-ray declination form.

Office Cancellation Policy:

We pride ourselves in providing extra time for the personal attention each patient deserves. Your appointment time in this office will be reserved exclusively for you. We respect your time and make every effort to keep you from waiting. We request you provide us with at least 24 hours notice if you need to reschedule your appointment. We reserve the right to charge patients who do not reschedule their appointments with adequate notice, or who fail to keep their scheduled appointments, an appropriate cancellation fee.

HIPAA:

The Health Insurance Portability and Accountability Act (HIPAA) took effect on April 14, 2003. This Federal Law requires our office to provide a notice of privacy practices. This policy is posted in the reception area entitled "Notice of Privacy Practices." You may request a paper copy. This is also given to every new patient during registration. We would appreciate you taking the time to sign the bottom of this form certifying you have received this office's Notice of Privacy Practices.

Proposition 65:

The state of California, under proposition 65, now requires every dentist to give each of their patients a copy of the information relating to materials and techniques used in the dental environment. This information is contained in the attached document entitled "DENTAL MATERIALS FACT SHEET". It is required that all patients sign they have received a copy of this document. We would appreciate you taking the time to sign the bottom of this form certifying you have received a copy of the DENTAL MATERIALS FACT SHEET. If you have any questions regarding information contained within the document please feel free to bring your questions to our attention.

I hereby authorize the office of Dr. Brian Quan, D.D.S., to perform any necessary diagnostic examinations, and x-ray procedures they deem necessary, including photographs, and the administration of anesthetic or treatment as deemed necessary or advisable in the treatment of my dental condition. I also have read the above conditions of payment and agree to their content.

Signature of patient, parent or guardian

Date

Signature for receipt of DENTAL MATERIALS FACT SHEET:

Signature for the receipt of NOTICE OF PRIVACY PRACTICES (HIPAA)
