CONSENT FOR SERVICES

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

As a courtesy to our patients, we will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any collections to the patient's account. However, we cannot render services on the assumption that our charges will be paid by an insurance company. **Patients with dental insurance must understand that all dental services are charged directly to the patient and that he/she is personally responsible for payment of all dental services.**

I understand that any fee estimate for this dental care can only be extended for a period of 12 months from the date of the patient examination.

In consideration for the professional services rendered to me by this practice, I agree to pay the charges for the services at the time of treatment.

I grant my permission to you or your assignee, to telephone me to discuss this statement or my treatment.

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

Signature of patient, parent or legal guardian(responsible party)

Signature: _____

Relationship to Patient: _____

Date: _____

Acknowledgement of Receipt of Notice of Privacy Practices:

I, _____, had the opportunity to review ADG's copy of the **Notice of Privacy Practices.** A copy will be provided to me upon request.

(NAME, PLEASE PRINT)

_____ _____

Signature of Patient Date

Please Note: It is your right to refuse to sign this acknowledgement.

Office Use Only:

We tried to obtain written acknowledgement by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

❍ An emergency prevented us from obtaining acknowledgement.

❍ A communication barrier prevented us from obtaining acknowledgement.

❍ The individual was unwilling to sign.

❍ Other: