

CONSENT

- I consent to diagnostic procedures and treatment by the dentist necessary for proper dental care.
- I consent to the dentist's use and disclosure of my records (or my child's records) to carry out treatment, to obtain payment, and for those activities and health care operations that are related to treatment and/or payment.
- My consent to disclosure of records shall be effective until I revoke it in writing.
- I authorize payment directly to Dr. Lori A. Hawkins, Hawkins Family Dentistry, of the benefits otherwise payable to me. I understand that my dental care insurance carrier or payor of my dental benefits may pay less than the actual bill for services, and that I am financially responsible for payment in full of all accounts. By signing this statement, I revoke all previous agreements to the contrary and agree to be responsible for payment of services not paid by my dental care payor.

OFFICE POLICIES

- We will not be able to see you in this office after 2 No-Show appointments.
- Please be courteous and do not use cell phones in the operatories.
- Please keep children off dental equipment and rolling chairs.
- We reserve the right to reschedule you if you are late by 15 minutes or more.
- If it takes more than 15 minutes to get started because of behavior, we reserve the right to charge a behavior management fee. Insurance companies will NOT pay for this. The option would be to reschedule with a specialist.

FINANCIAL POLICIES

- We accept cash, check, credit card and Care Credit for payment.
- We are participating providers with Delta, United Concordia, MetLife, Guardian, Cigna, & Aetna. You will be asked for the copay that your plan requires at time of service for each visit.
- If you have insurance other than those mentioned above, we will ask you for 1/2 down at time of service and bill your insurance for the visit. You will be sent a statement if there is a balance after insurance payment.
- If you have 2 insurances, we will not require any money down and if there is a balance after both payments, you will be sent a statement.
- There will be 18% annual interest assessed on all balances over 60 days.

Patient or Authorized Person's Signature