

OFFICE POLICY

TREATMENT CONSENT

I hereby authorize Dr. Laveroni or designated staff to take x-rays, study models, photographs and any other diagnostic aids deemed appropriate by Dr. Laveroni to make a thorough diagnosis of this patient's needs. Upon such diagnosis, I authorize Dr. Laveroni and his staff to perform all recommended treatment mutually agreed upon by me. I consent to the use of appropriate medication and therapy as deemed necessary. I fully understand that using anesthetic embodies a certain risk.

INSURANCE

Patients who carry dental insurance should know that all services furnished are charged directly to the patient and that he or she is personally responsible for payment to our office. We will prepare as a courtesy service any necessary reports and itemizations to assist in collecting from the insurance company and will apply any such payments to the patient's account. However, we cannot render services on the assumption that fees will be paid by an insurance company. Most misunderstandings can be avoided if you understand what your policy does and does not provide. California State Law requires insurance companies to pay claims within 30 working days. If your insurance company has not paid in 60 days the entire amount will be due and payable by you. After 60 days a 1.5% finance charge per month will be added to your account for the entire balance.

PAYMENT POLICY

Payment is due at the time of service unless prior arrangements have been made. Patients who have dental insurance will be expected to pay their estimated share on the day of treatment. We accept cash, checks, Visa and Mastercard.

BROKEN APPOINTMENTS

Broken appointments of time reserved for patients will be charged by the hour for the Doctor's time and by the procedure for the hygienist's time. To avoid these charges please give us the courtesy of a minimum 24 hour notice.

I have fully read and understand the office policy as stated above.

Signature: _____

Date: _____