AGREEMENT AND CONSENT TO RENDER DENTAL CARE

APPOINTMENTS: Each appointment represents a specific amount of time reserved for a patient's dental care. If some Problem arises that you are unable to keep this appointment, Children's Dentistry Group (CDG) requires notification not less than 24 hours prior to the scheduled appointment or it will be considered a failed appointment. CDG reserves the right to assess a failed appointment fee based upon our then existing schedule of rates.

CDG will make every effort to schedule appointments for our patients as convenience permits. However, there are times in order to provide quality care for a patient's comfort and well-being to appoint them at a time that may conflict with school or other activities. CDG makes every effort to honor appointments with a minimum of waiting time. Therefore, it is important that our patients arrive for appointments promptly and ready for a scheduled treatment. CDG reserves the right to reschedule an appointment due to a patient's failure to arrive for a scheduled appointment in a timely manner.

FEES AND INSURANCE: Each fee is individual for the services rendered and due at the time of services, unless formal written arrangements are made prior to receiving those services. To avoid misunderstanding regarding fees and dental insurance, be aware that all professional services rendered are charged directly to the responsible parties/persons indicated and they are responsible for payment of fees. CDG is happy to assist in filing insurance claims, however, the filing of an insurance claim(s) does not assure that the insurance companies will pay all fees and the responsible parties/persons remains primarily your responsibility.

****In situations of divorce: Children's Dentistry Group is not responsible for billing the second parent or guardian. If both parents wish to be billed, we require a signed consent form, photo ID, a current address & phone numbers from both parties. The parent or guardian that gives consent to render care is the responsible party.****

CONSENT: State law requires CDG to obtain consent for a patient's dental treatment. Please read carefully and sign at the bottom where indicated.

I hereby represent and warrant that I am the custodial parent and/or legal guardian for the hereinafter indicated child and that I have been granted the right by court order or judgment to make medical and dental decisions concerning the care and/or treatment of the child. In the event that I am unable to personally attend my child's dental treatment appointments, I hereby appoint _____, as my agent and authorize you to accept direction from said person concerning the treatment of my child and to release information to that person as you feel is necessary in connection with treatment rendered or to be rendered. This appointment shall be valid until terminated in writing directed to CDG. I hereby authorize to have my child or myself treated for the necessary diagnostic (examination, radiographs, photographs) and/or emergency treatment that may be deemed necessary. CDG will inform me of all other services and corresponding fees prior to treatment.

I also understand that I am responsible for all fees for services rendered. In the event that CDG seeks enforcement of this agreement through the services of a collection agency, I shall be responsible for any incidental expenses including all collection costs and reasonable attorney's fees. I hereby authorize the release of any and all information necessary or convenient to the collection of outstanding charges or the enforcement of this agreement.

I hereby acknowledge that I have read and understand this Agreement and Consent Form, that I have been given an opportunity to ask questions, and that the questions about the procedure(s) have been answered in a satisfactory manner; and I understand that I have the right to be provided with answers to questions which may arise during the course of treatment.

I further understand that I may withdraw my consent to treatment at any time, and that this consent will remain in effect until such time that I choose to terminate it in writing.

Finally, I acknowledge that I have received and read a copy of the CDG Notice Of Privacy Practices.

Patient(s) Name(s):_____

Name of Parent or Guardian (Please print): _____

Signature of Parent or Guardian (Responsible Party): X_____

Date: _____ **Time:**_____

Relationship to Patient: _____

I certify that I explained the above procedures to the parent or parent/legal guardian before requesting their signature.

Signature of Dentist:_____Date: _____