



# FRONTIER VILLAGE DENTAL CARE

*Cosmetic and Family Dentistry*

Thank you for choosing Frontier Village Dental Care. Our goal is to provide exceptional dental services and products in a comfortable, caring manner. We believe you expect us to understand and honor your individual needs and goals. So that we may serve you best, please read and initial the following office information and sign at the bottom.

### APPOINTMENT RESERVATIONS

We schedule by appointment only. When you request an appointment we reserve that time exclusively for you and do not offer it to anyone else. If, for any reason, you are unable to honor your reservation we require at least 24 hours notice. We reserve the right to require a deposit to hold a reservation and charge for failed or cancelled appointments. **Initial:** \_\_\_\_\_

### PAYMENT FOR SERVICES

You acknowledge that payment is due when services are rendered, and that parents/guardians are fully responsible for all fees incurred for treatment of their child. We accept cash, checks, debit cards, Visa, MasterCard, Discover, and American Express. We offer financing through CareCredit for those who qualify. Arrangements must be made before your appointment. Returned checks will be charged \$25 and may be sent to the prosecuting attorney. Delinquent accounts will be charged interest and may be pursued by a collection attorney and charged legal fees and you are responsible for any costs associated with attempts to collect your debt. **Initial:** \_\_\_\_\_

### DENTAL INSURANCE ASSIGNMENT OF BENEFITS

Dental insurance benefits rarely cover 100% of your services. Any amount not covered by or excluded from your plan is your responsibility and payable immediately. Furthermore, you accept responsibility for knowing the restrictions and exclusions of your policy. We do not guarantee insurance benefit estimates or coverage. We will file your primary claims as a courtesy; secondary claims are your responsibility. All reimbursement is the property of Frontier Village Dental Care and must be surrendered to cover any outstanding balance on your account. By initialing and signing below you assign any and all insurance benefits, otherwise payable to you, to Frontier Village Dental Care and authorize the use of your signature on all submissions, whether manual or electronic. Disputes regarding reimbursement are between the policyholder and the insurance plan provider. **Initial:** \_\_\_\_\_

### RELEASE OF INFORMATION

I authorize the release of information from Frontier Village Dental Care for Dentistry to insurance companies or other health care providers, whether manual or electronic, for any purpose deemed necessary. I further allow unrestricted use of photographs, radiographs, and technical information by Frontier Village Dental Care on their social media tools which includes but not limited to their Facebook page. **Initial:** \_\_\_\_\_

### ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I have received a copy of Frontier Village Dental Care Notice of Privacy Practices (HIPAA regulations) and agree to its terms. **Initial:** \_\_\_\_\_

### INFORMED CONSENT FOR TREATMENT

I consent to treatment by Jane K. Lambertus, DDS, and/or her designees. By allowing treatment, I acknowledge that I have requested the services be performed and have been fully informed of the benefits and risks of the procedure(s). I understand that dentistry is not an exact science and that unpredictable complications can occur and results cannot be fully guaranteed. Dental restorations wear out over time and need maintenance, replacement, or further treatment. I understand the importance of consistent, thorough home care and periodic professional treatment and the consequences of not pursuing treatment when recommended by Frontier Village Dental Care. **Initial:** \_\_\_\_\_

I have read, and understand, and accept the information presented.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Witness:** \_\_\_\_\_