

# Hernly Family & Cosmetic Dentistry

## ACKNOWLEDGEMENT & CONSENT

1. I hereby authorize Hernly Family & Cosmetic Dentistry to take x-rays, study models, photographs and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of my or my dependent's dental needs.
2. I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to use the appropriate medication and therapy indicated for such treatment. I understand that using anesthetic agents embodies a certain risk. Furthermore, I authorize and consent Hernly Family & Cosmetic Dentistry, PC to choose and employ such assistance as deemed fit to provide recommended treatment
3. I hereby authorize and direct payment of the dental insurance benefits otherwise payable to me for services rendered, directly to Hernly Family & Cosmetic Dentistry.

## OUR POLICY ON CARE AND PAYMENT

We at Hernly Family & Cosmetic Dentistry, PC are committed to ensuring that our patients receive the finest dental care available based on your individual needs. In order to maintain our practice's level of excellence as well as making it cost effective as possible **payment is due at the time of service.** To assist you in receiving your dental care we accept several forms of payment:

- Cash, Money Orders, and Personal Checks
- Visa, MasterCard, American Express or Discover Card.
- Care Credit extended out 6 months for services in value over \$250.00.

I understand that all responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless other arrangements have been made regardless of insurance benefits. The insurance company is responsible to you and **NOT** our office.

Since we reserve your appointment time specifically for you we request a 48 hour notice if you need to change or cancel your appointment. We reserve the right to charge for failed or last minute cancellations.

I have read and agree to the above policy of Hernly Family & Cosmetic Dentistry, PC.

Signed \_\_\_\_\_

Date \_\_\_\_\_