

We are a health centered dental practice. Thus, we are concerned with your total well-being, not just your oral health. An essential part of our approach is a thorough health history. Please fill out the health questionnaire, if you have not already, even if some of the questions may not seem relevant to your dental health. After completing and/or reviewing health history update, please give signature below. Thank you!

To avoid any misunderstandings regarding your dental insurance, we wish our patients to know that all professional services rendered are charged directly to the patient and that patients are personally responsible for payment of fees. We do not render services on the basis that the insurance companies will pay our fees unless a pre-determination of benefits has been established. We will assist you in filing all insurance forms. Payment is due when services are rendered unless other arrangements have been made. If you must change a scheduled appointment, please inform us as soon as possible. If we are not notified before 3:00 p.m. the working day prior to your appointment, then we may regrettably, charge your account.

I hereby authorize Dr. Rusty Riley to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Rusty Riley to make a thorough diagnosis of my dental needs. I also authorize Dr. Rusty Riley to prescribe any and all forms of medication, and perform any therapy that may be indicated and agreed upon.

I further authorize the release of any information, including the diagnosis and the records of any treatments or examinations rendered, to my insurance company or consulting professionals. The release to the insurance company is solely for the purpose of facilitating the billing and reimbursement directly to the dentist of insurance benefits under which I am entitled. I understand that responsibility for payment for dental services provided in this office for me or my dependents is mine, due and payable at the time services are rendered.

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Patient and/or Patient Representative

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Highland Village Dental Care Representative