



SUSAN L. SOCKWELL D.M.D.

# CONSENT FOR SERVICES

(For patients with Dental Insurance)

I give consent for exams and treatment by Susan Sockwell DMD and staff. I understand that I have the opportunity to ask for clarification of procedures as they become necessary. I may refuse any treatment understanding it may result in loss of teeth and further complications.

\_\_\_\_\_  
Date: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Signature of patient, parent or guardian, or guarantor of payment/responsible party

# FINANCIAL POLICY

1. You are ultimately responsible for your bill.
2. Payment is always due at the time services are rendered. If you have any questions regarding the amount due at each appointment, please ask.
3. We do not offer payment plans but do offer CareCredit. You can go to [www.carecredit.com](http://www.carecredit.com) to see if you are eligible.
4. Any fee quoted will be honored for 6 months from the date the treatment is planned.
5. If collection procedures become necessary, the patient is responsible for all collection and legal fees.
6. Failure to show up for a scheduled appointment with at least a 24 hour notice is subject to a \$50 broken appointment fee.
7. Returned checks are subject to a \$25 return check fee.
8. Please remember that we are **OUT-OF-NETWORK PROVIDERS** (or **NON-PARTICIPATING PROVIDERS**) for all dental insurance companies and always have been. "Usually" we are paid at the same rate as an out-of-network provider but not always. Insurance companies pay percentages of **THEIR** fee schedule not a dentist's fee schedule.
9. We will file your insurance for you.
10. However, you are responsible for whatever amount your insurance company does NOT pay.
11. It is your responsibility to know what they do and do NOT pay for (including frequencies).
12. Deductibles and co-insurance amounts are due at the time of the appointment.
13. The only way to know exactly what your dental insurance company is going to pay is for us to turn in a pre-treatment estimate. It usually takes 2-3 weeks to get a response.
14. If your dental insurance company pays you, then you will pay us at the time of the appointment unless otherwise discussed.

I have read the Financial Policy. I agree to be responsible for all charge for dental services and materials not paid by my dental benefit plan, unless prohibited by law. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with my claims.

\_\_\_\_\_  
Date: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Signature of patient, parent or guardian, or guarantor of payment/responsible party

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Susan Sockwell DMD.

\_\_\_\_\_  
Date: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Signature of patient, parent or guardian, or guarantor of payment/responsible party