

## Welcome New Patients!

We welcome the opportunity to be of service to you and your family. To best serve your dental health needs, we wish to acquaint you with our office policies.

**Appointments:** Once an appointment is made, please remember this time has been reserved for you. A minimum charge of \$75.00 will be made for a missed appointment or cancelled appointment without prior notification of at least 24 hours. We will also ask for any patient portion payments due at the time of check out from the appointment, and if you are more than 15 minutes late, you will be asked to reschedule your appointment.

**Insurance/Dental Plans:** An insurance policy is an agreement between the PATIENT and the INSURANCE COMPANY. We will file primary Dental Insurance. It is the patient's responsibility to understand their benefits. All insurance co-payments and payments of services not covered by insurance are due and payable at each visit for your appointment.

If at any time you have questions regarding any treatment or service, please discuss them with us promptly and frankly. We will make every effort to address your concerns.

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

Signature of Patient: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Previous Dental Office: \_\_\_\_\_

Date of Late Dental Visit: \_\_\_\_\_

Who can we thank for Referring you: \_\_\_\_\_

**Authorization:**

I understand that it is my responsibility to inform the doctor if I, or my minor child, ever have a change in health. Should further information be needed you have my permission to ask the respective health care provider or agency, who may release such information to you. **I certify that I and my dependant(s), have INSURANCE** with; \_\_\_\_\_ and assign directly to Dentistry by Design, Atif H. Rizvi DDS and Dr. James R Schwartz, DDS all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. The above-named doctor and facility may use my health care information and may disclose such information to the above-named insurance company (ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related Services.

**Consent:**

I hereby authorize Dentistry by Design to take X-rays, and any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Dentistry by Design to perform any and all forms of treatment, medication, and therapy that may be indicated, I also understand that the use of anesthetic agents embodies a certain risk. I understand that the above information is necessary to provide me with dental care in a safe and efficient manner.

**Financial Policy**

By signing below you are stating you understand the following: Our office accepts cash, personal checks, MasterCard, Visa, American Express and Discover. Our office also offers outside financing upon request and approval, please ask for further details. As a courtesy to our insured patients, we will gladly file your dental claims for services rendered. Please understand that we are only given an **ESTIMATE** for your dental care therefore we can only pass the estimate on to you. Most insurance pays a percentage of the dental treatment. **All ESTIMATED patient co-pays and services not covered by insurance are due on the day of service. After your insurance pays their portion there may still be an amount due. This amount is the patient's final balance.** Please understand if a payment has not been received from your insurance, it is your responsibility to follow up with your insurance and retain payment otherwise you may be subject to collections. Once an appointment is made, please remember this time is reserved for you. **A minimum charge of \$75.00 will be made for failed or cancelled appointments without prior notification of 24 hours.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient, Parent, Guardian, Personal Representative