Rosemont Dental Center

Dental Treatment, Financial Policy, & Appointment Agreement

Patient Name: _____

Dental Treatment Agreement

I authorize Rosemont Dental Center to take any x-rays, study models, photographs, or other diagnostic aids deemed appropriate to make a thorough diagnosis. I authorize Dr. Askari to perform any and all recommended forms of treatment necessary for proper dental care. I consent to the use of the appropriate medications, aesthetics, and therapy in connection with myself or the above named patient. I understand that there may be a certain risk when using these anesthetic agents.

Financial Policy Agreement

Responsibility for payment of dental services provided in this office for myself and my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been previously approved. If, for any reason, I do not have coverage under my dental plan or my dental plan only covers a portion of the fee, I understand that I am personally responsible for the value of the services rendered.

- Returned checks and balances older than 60 days may be subject to additional collection fees of 1.5%. These additional fees will be applied to the unpaid balance at the end of the month. There will be a $35.00 fee for all returned checks.
- In the event that the account is not paid and we refer the outstanding balance to the collection agency, you will be responsible for all the fees incurred for the collection of your bill, including but not limited to, attorney fees, court costs, and collection agency fees.

Appointment Agreement

Rosemont Dental Center prides itself in ensuring there is adequate time for each patient to receive personalized car. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. If it is necessary to cancel your appointment, please contact our office 48-business hours prior to your appointment. Late cancellations or if a patient is more than 15 minutes late without prior notice for a scheduled appointment is considered a “no show” appointment. Rosemont Dental Center **reserves the right to charge a fee of $50 (“No Show” fee) for “no show” appointments.** “No show” fees will be billed to the patient. This fee is not covered by insurance and must be paid prior to your next appointment. Multiple “no shows” may result in dismissal from our dental practice.

Signing this document indicates that I have read and understand the information provided above & consent to all of the terms & conditions provided by Rosemont Dental Center.

Signature:_____ Date: _____

Print Name: _____ Relation to patient: _____