



Consent For Services

My relationship to the patient is:

- self
- spouse
- adult child
- other
- parent
- legal guardian(s)

I authorize the dental staff to provide dental services for

[Redacted]

(print the name of the patient)

Dental services are defined as oral hygiene cleaning, instruction, application of medicaments, fillings, periodontal treatment and surgery, nitrous oxide analgesia, extractions, oral surgery, root canal therapy, bridges and dentures, orthodontics, x-rays, other procedures deemed appropriate, and the consultation of the patient's physician if necessary. I agree to the use of anesthetics and other medication as necessary. I fully understand that using anesthetic agents carry certain risks. I understand that I can ask for complete review of any possible complications.

Protecting Your Privacy

I am 18 years old or older. I authorize the dental staff to discuss the patient's dental treatment with the following people unless/until I withdraw this authorization in writing. Check all that apply and provide name(s).

- parent(s)
- legal guardian(s)
- spouse
- other

I authorize the dental staff to call and leave messages regarding any pre-medication information for dental treatment. I acknowledge the patient has access to and accepts Wasilla Dental Center's Notice of Privacy Practices. This consent is indefinite This consent expires on_____

[Redacted]

Sign _____ Date _____

Your Appointment Times

Appointments are reserved exclusively for you. If you are running late or need to cancel an appointment, please contact us as soon as possible. If you arrive more than 5 minutes late for an appointment, we may need to reschedule. Our fee for same day cancellations is \$50 or \$75, depending on the length of appointment. To avoid a cancellation fee, notify us at least 24 hours in advance.

Initial _____

Insurance

Wasilla Dental Center is a preferred provider for Premera Blue Cross Blue Shield, Cigna and a premiere provider for Delta (MODA Health, Delta Dental, ODS, State of Alaska, Affordable Healthcare). If you do not have one of these, we are not a participating/preferred provider for your insurance company. Other companies may consider Wasilla Dental Center an out-of-network provider and may return payment at a lower rate than expected.

If you provide us with your insurance information, we will submit claims for you. We are happy to supply x-rays and explanations at the insurance carrier's request. However, our relationship is with you, not your insurance company. Your insurance policy is a contract between you and your insurance carrier; coverage appeals are your responsibility.

Our practice is committed to providing the best treatment for our patients and we charge what is representative in our region. You are responsible for payment regardless of your insurance company's determination of usual and customary rates.

None of the services provided by Wasilla Dental Center may be billed to Medicaid, DenaliCare, Denali KidCare or Medicare. Notify us right away (before your appointment) if you have any change in your insurance information.

Initial _____

Payment

At the time of service, you are responsible for your percentage plus any deductible not covered by your insurance company. We accept cash, check, MasterCard, Visa, Discover, and American Express. We also accept CareCredit, a healthcare credit card payment.

Balances older than 30 days may be subject to a \$5 per month late fee. Balances over 90 days may be forwarded to a collection agency. Patients whose accounts have been sent to collections will not receive further treatment at this clinic. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for account management assistance.

Initial _____

Communication:

I agree Wasilla Dental Center may communicate with me through phone calls, text messages, emails, postcards and letters. I agree our third-party marketing service may communicate with you.

Initial [Redacted]