Informed Consent

Tooth Colored Composite Fillings

What is a Composite Resin (Tooth Colored Filling)?

A composite resin is a tooth-colored plastic mixture filled with glass (silicon dioxide). First introduced in the 1960s, dental composites were confined to the front teeth because they were not strong enough to withstand the pressure generated by the back teeth. Since then, composites have been significantly improved and can be successfully placed in the back teeth as well. Studies have now shown that composites have strength, durability, and longevity comparable to silver fillings. Esthetics are far superior over silver fillings. The dentist can blend shades to create a color nearly identical to that of the actual tooth. Composites also bond to the tooth to support the remaining tooth structure, which helps to prevent breakage and insulate the tooth from excessive temperature changes.

Our office only places Composite Resin (Tooth Colored) fillings. Please note, most dental insurance plans do not cover the entire cost of the composite fillings. This may result with the patient responsible for paying a modest balance. If you have any questions regarding your individual insurance coverage we recommend you review your insurance policy book prior to your appointment.

I certify that I have read the above information regarding composite resin tooth colored fillings, and recognize that if my insurance does not pay for tooth colored restorations that I am responsible for the balance.

Name:_________________________________________ Date:________________

Parent/Guardian:____________________________________

Informed Consent

New Patient Initial Examination

Radiographic (X-Ray) Policy

Please be advised that all new patients will have a full set of radiographs (x-rays) consisting either of 18 individual x-rays or a panoramic radiograph (x-ray that goes around the head) and several individual x-rays. These x-rays are an integral part of our examination and evaluation of your teeth and surrounding bone. If you have had these x-rays taken within the past 3 years at a previous dentist it is your responsibility to either bring a copy of them with you to your examination or have them sent to our office prior to your visit. Without these preexisting x-rays we will be unable to properly diagnose any dental or periodontal (gum/bone) problems you may have. If necessary we can take a new full set of x-rays here, however, if you have dental insurance (if less than 3 years) they will likely not cover it.

I certify that I have read the above information regarding dental x-rays and new patient examinations.

Name:_________________________________________ Date:________________

Parent/Guardian:____________________________________
Financial Guidelines

Thank you for choosing our office as your dental health care provider. We are committed to providing you with the highest quality lifetime dental care, so that you may fully attain optimum oral health. Please understand that payment of your bill is considered part of your treatment.

Please Note: Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance; you will be responsible for any collection and/or legal charges incurred.

Do You Have Insurance?

- As a courtesy to you we will help you process all your insurance claims. Please understand that we will provide an insurance estimate to you, however it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits ultimately determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible.

- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.

- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary rates.

- We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office.

- We ask that you pay the deductible and co-payment, which is the estimated amount not covered by your insurance company, by cash, check, MasterCard, Visa, American Express or Discover at the time we provide the service to you. Outside financing is available upon approval.

- Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time. We will keep a credit/debit card on file in the event insurance does not pay as anticipated.

- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any claim.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your care or our financial policy.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO MY DENTAL OFFICE.

PATIENT Signature (Parent of Child) __________________________ Date: __________________________

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