

Consent for Treatment and Billing

I give permission to **Kid's Dentistree, PLLC** to provide dental, counseling and educational services as well as any treatment related to those services to myself or the minor child named below.

Kid's Dentistree, PLLC shall have the sole discretion to decide which person (employee or individual contractor) shall give such treatment. I understand the services and treatment listed above do not involve exact science and the results are not always known or guaranteed.

I understand the testing for blood borne disease (including HIV/ AIDS) may be performed upon a patient without separate written consent in the event that a health care professional or employee of **Kid's Dentistree, PLLC** sustain percutaneous, mucous membrane, open wound or occupational exposure to blood or bodily fluids.

I give my permission to **Kid's Dentistree, PLLC** to bill my insurance carrier and if requested provide any medical information to them. I also give my permission use my x-rays and photographs for display.

As a condition of your treatment by this office, financial arrangement must be made in advance. All emergency dental services or dental services performed without previous financial arrangements must be paid for at the time services are rendered. Please review our financial policy for the convenient payment methods that we offer.

As a courtesy to you we will file claims to your insurance carrier and assist in collecting. However, the balance on your account after filing is your responsibility regardless of your carrier's said coverage.

A service charge of 1 ½ % per month (18% annum) on the unpaid balance will be charged on all accounts exceeding 60 days unless previously written arrangements are satisfied.

As a courtesy to our office and to offer better patient care, we reserve the right to charge a \$25.00 cancellation fee if we do not receive 24 hour notice for appointment changes/cancellations.

I have read and understand the above conditions of treatment and billing and agree to their content. I sign freely and voluntarily.

Date

Authorized Representative of Minor (s)

Relationship to minor

Minor Child's Full name

Minor Child's Full name

Minor Child's Full Name

Minor Child's Full Name