

Leix Dental
CONSENT WITH TERMS AND CONDITIONS

I, <<patient_full_name>>, will answer all health questions to the best of my knowledge. After explanation by the doctor, I hereby authorize the performance of dental services upon the above named patients and whatever procedures that the judgment of the doctor may decide in order to carry out these procedures. I also authorize and request the administration of any anesthetics and x-rays as may be deemed necessary and advisable by the doctor.

Insurance. Leix Dental participates in all indemnity insurance plans. **Knowledge of my insurance benefits is my responsibility.** Leix Dental does not take any HMO or DMO insurance plans. It is my responsibility to contact my insurance company with any questions I may have regarding my coverage.

Co-Payments and Deductibles. All co-payments, co-insurance and/or deductibles must be paid at the time of service. This arrangement is part of my contract with my insurance company. Failure on the part of Leix Dental to collect co-payments, co-insurance, and/or deductibles from patients may be considered insurance fraud. Leix Dental accepts Visa, Mastercard, Discover and Care Credit cards and well as cash and checks.

Non-Covered Services. I am aware that certain procedures may not be covered by my insurance. **If services are not covered by my insurance or if I do not have insurance, I understand that payment is expected at the time of service unless payment arrangements were made in advance.** I am aware that Leix Dental offers several methods of payment plans.

Claim of Submission. Leix Dental will submit my claims for me to my insurance company and, within reason, attempt to help me get my insurance claims paid. I hereby authorize release of any information needed and also authorize my insurance company to pay directly to this office benefits accruing to me under my policy. My insurance may need me to supply certain information directly. **It is my responsibility to comply with their request.**

Coverage Changes. Insurance companies have very strict requirements with regard to filing deadlines for reimbursement of claims. **I understand I need to notify Leix Dental immediately of any insurance changes.** If my insurance company does not pay my claim within 45 days, the balance will be automatically billed to me and payment will be expected within 30 days of billing.

Late Payments. I understand that any balance over 30 days past due will result in an automatic charge of a \$35 rebilling fee on my account. Failure to pay my bill within 90 days will result in my account being turned over to a collection agency and reporting to the credit bureau. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed with a collection agency, for collection or any subsequent legal action, to pay an additional collection fee of 30% of the account balance due, as well as any attorney fees and court costs incurred and permitted by laws governing these transactions. There will be a \$25 fee for any NSF check.

Cancellation Policy. In order to provide quality dentistry at affordable fees, it is crucial that patients keep their appointments, or if unable to do so, provide a minimum of 48 hours notice. Leix Dental office policy dictates a failed appointment fee of \$10 for every 10 minute block of time reserved that is not kept or is not cancelled with 48 hours notice.

I grant my permission to you, or your assignee, to telephone me at home or at my work to discuss matters related to this form. I have read the above conditions and agree to their consent.

Signed:

Date <<db_date>>