

Apex Dental Office Guidelines

Payment:

Payment is due the day of service. If you have insurance that we accept, your estimated deductible and/or co-payments are due at the time of service. Co-pay estimates are subject to final approval by your insurance company; therefore the amount due in our office is subject to change. Teenage children who come in on their own will need to have their co-payment sent with them and it will be collected at the beginning of the appointment. For younger children, the parent accompanying the child will be responsible for paying the co-payment. Payment options are available and must be agreed on before any services are rendered.

I agree to be financially responsible for all the procedures I elect to have performed. I understand and agree that all fees are required to be paid in full at time of service. I understand and agree that any unpaid balance over thirty (30) days will be charged an interest fee of 18% per annum. I understand and agree that should my account require collection efforts, all court costs and attorneys fees, plus a 50% collection fee will be added to my account.

Cancellation/ Missed appointment fee:

Our office requires 24 hours notice to reschedule an appointment. A \$25.00 fee will be charged to the guarantors account for a missed appointment without sufficient notice or a same day cancellation. A credit card number may be required to reserve another appointment. If the second appointment is cancelled without sufficient notice or is cancelled the same day, the guarantor's credit card will be charged \$ 50.00. After two missed or cancelled appointments, the patient may not be seen again in our office. Your cooperation is appreciated in this matter.

Consent to Proceed:

I authorize Dr. John Kwant, Dr. Joseph Maio, and/or associates and assistants as s/he may designate to perform those procedures as may be deemed necessary or advisable to maintain my dental health or the dental health of any minor or other individual for which I have responsibility, including arrangement and/or administration of any sedative (including nitrous oxide), analgesic, therapeutic, and/or other pharmaceutical agent(s), including those related to restorative, palliative, therapeutic or surgical treatments.

I understand that the administration of local anesthetic may cause an untoward reaction or side effects, which may include, but are not limited to bruising, hematoma, cardiac stimulation, muscle soreness, and temporary or rarely, permanent numbness. I understand that occasionally needles break and may require surgical retrieval. Occasionally drops of local anesthetic may contact the eyes and facial tissues and cause temporary irritation.

I understand that as part of the dental treatment, including preventive procedures such as cleanings and basic dentistry, including fillings of all types, teeth may remain sensitive or even possibly quite painful both during and after completion of treatment. Dental materials and medications may trigger allergic or sensitivity reactions.

After lengthy appointments, jaw muscles may also be sore or tender. Holding one's mouth open can, in a predisposed patient, precipitate a TMJ disorder. Gums and surrounding tissues may also be sensitive or painful during and/or after treatment. Although rare, it is also possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut) during routine dental procedures. In some cases, sutures or additional treatment may be required.

I understand that as part of dental treatment items including, but not limited to crowns, small dental instruments, drill components, etc. may be aspirated (inhaled into the respiratory system) or swallowed. This unusual situation may require a series of x-rays to be taken by a physician or hospital and may, in rare cases, require bronchoscopy or other procedures to ensure safe removal.

I understand the need to disclose to the dentist any prescription drugs that are currently being taken or that have been taken in the past, such as Phen-Fen. I understand that taking the class of drugs prescribed for the prevention of osteoporosis, such as Fosamax, Boniva or Actonel, may result in complications of non-healing of the jaw bones following oral surgery or tooth extractions.

I do voluntarily assume any and all possible risks, including the risk of substantial and serious harm, if any, which may be associated with general preventive and operative treatment procedures in hopes of obtaining the potential desired results, which may or may not be achieved, for my benefit or the benefit of my minor child or ward. I acknowledge that the nature and purpose of the foregoing procedures have been explained to me if necessary and I have been given the opportunity to ask questions.

Signature of Patient, Parent or Legal Guardian

Date

Witness

Date