## OFFICE PROCEDURES

1) **EMERGENCIES** If you are in pain we will treat your emergency first and reschedule you for our routine first appointment. Payment in full for services rendered at this appointment are required at this time.

2) **FIRST APPOINTMENT** The fee for our routine appointment is $_____ and must be paid for at time of appointment. At this appointment we will set up a treatment plan and fee estimate for future treatment.

3) **FEES** Fees are to be paid for all treatment initiated at each appointment unless different written financial arrangements are made. I understand that timely completion of dental procedures is essential to their long-term success. I agree to make myself available for timely completion of any procedures initiated. If I do not return for completion of a given procedure I understand and agree that I am to be responsible for payment for that procedure as if it were completed. Further. I agree to hold Richard E. Nichols D.D.S. harmless for any complications that occur due to my failure to return for timely completion of treatment.

4) **WAITING TIME** Every attempt is made to see you at your appointed time. Due to the nature of dental procedures they can often take more or less time than anticipated. For this reason we encourage you to call our office 30 minutes prior to your appointed time to see if we are running early, on time or late. This will help minimize in-office waiting time.

5) **CANCELLATIONS AND MISSED APPOINTMENTS** Scheduled appointments will be charged at a rate of $50.00 per hour scheduled unless cancelled at least 24 hours in advance.

6) **INSURANCE** The majority of insurance plans reimburse some portion of dental costs. We will assist in completing appropriate portions of insurance forms, including preauthorization of treatment. Even where reimbursement from an insurance carrier is anticipated, the responsibility for full payment still rests with the patient. I authorize the treating doctor to release information relating to my treatment to my insurance company. I further authorize my insurance company to make direct payments to my treating doctor which would otherwise be paid to me.

7) **CONSENT** I authorize the taking of x-rays, study models, photographs or any other diagnostic information deemed appropriate by the doctor. I consent to treatment, medication, and anesthetics and authorize the doctor to employ such assistance as deemed fit in conjunction with my (or my child's) dental needs I understand that use of anesthetic agents embodies certain risks (specifically adverse reactions, allergy, temporary or persisting numbness). I authorize use of any photos for display or marketing purposes. I understand that by the very nature of some proposed treatments and the uniqueness of myself as an individual that no one can predict the certainty of any treatment and that even in the event of treatment my condition may worsen. I will feel free to ask questions regarding any proposed treatment, alternatives and risks. I will abide by the doctor's post-operative instructions and understand that my failure to care for oral health may lead to failure of treatment.

8) **AGREEMENT TO PAY** I agree to be personally responsible for the payment of all services rendered on my behalf. In the event a quotation of fees is not given to me before the services being performed, I shall ask for such quotation or waive my right to later claim the fee exceeded the value of the services rendered. I understand that if credit is extended, it is done so on the basis of the financial information herein or otherwise obtained from me. In the event payment for dental services is not made when due, then interest at the rate of 1 ½% per month (18% per year) will be added to the past due balance. If collection services or legal services are required to obtain payment of the amount billed. I further understand and agree that Richard E. Nichols DD.S. will suffer inconvenience and damages as a result of the same. I therefore agree that if collection or legal action is required to obtain payment that 50% of my balance or $250 (whichever is greater) will be added to the principal to compensate Richard E. Nichols DD.S. for said inconvenience and damages. It is further agreed that the above surcharge is a fair and reasonable amount to cover legal fees, costs and additional staff and doctors time required in association with said collection or legal activity. Interest not paid when due shall be added to and become part of the principal.

Your signature indicates your willingness to accept above conditions for treatment

_____ _____

Date Signature

_____ _____

Parent or Responsible Party Relationship to Parent