

Terry L. Carano, DDS, PA

5938 W. Parker Rd., Suite 200
Plano, TX 75093
(972) 608-1811

Consent for Services

Name: _____

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in full at the time services are performed.

Patients who carry dental insurance understand that most dental services provided, with the exception of cleanings, are charged directly to the insurance company, and that he or she is personally responsible for payment of their portion at the time services are rendered. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company. Any portion not paid by the insurance company is the full responsibility of the patient and will be due once the insurance company has processed the claim.

A service charge of 1½% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 30 days, unless previously written financial arrangements are satisfied.

Any defaulted account that results in the use of our collection agency will be charged at least a 35% collection fee.

I understand that the fee estimate listed for dental care may change based on an increase in our lab fees, supplies, etc. without notice.

I understand that I must give a minimum notice of 48 business hours for all schedule changes. This will enable us to provide service to another patient in your absence. Failure to do so will result in a fee of \$45.

In consideration for the professional services rendered to me, or at my request, by the Doctor, I agree to pay therefore the value of said services to said Doctor, or his assignee, at the time said services are rendered. I further agree that the value of said services shall be as billed unless objected to, by me, in writing, within the time for payment thereof.

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 of treatment and agree to their content.

Signature _____ Date: ____ / ____ / ____