

SPENCE

FAMILY DENTISTRY

PAUL B. SPENCE, DDS

General Consent and Financial Policy

Patient's Name _____ Date _____

Welcome to Spence Family Dentistry! Thank you for your trust in choosing our practice for your oral health needs. We look forward to serving you for years to come. It is our goal to educate you fully about your dental condition and help you make informed decisions in choosing procedures that are best for you. To maintain optimal oral health, a cleaning, exam, and necessary x-rays are recommended every 6 months. Some conditions require more frequent visits.

Dental radiographs (x-rays) are an integral piece of information in diagnosing your dental health status. We are proud of the fact that all of our x-rays are taken digitally to drastically reduce the amount of radiation you are exposed to. Digital x-rays reduce radiation by 30 to 70% depending on the type of x-ray taken. X-rays will be taken as needed to aid in diagnosing and treating specific dental conditions. If you are pregnant or could be pregnant, please let our staff know before x-rays are taken.

All **dental records**, including radiographs, are property of Spence Family Dentistry. You may request a copy of your dental records for a fee of \$50.00. Records will only be released to patients, parents of children under 18, or legal guardians unless a written authorization form is signed by the patient, parent of children under 18, or legal guardian specifying to whom the record may be released.

We strive to start and end all appointments in a timely manner. Please arrive to your appointments on time. If you are running behind, contact our office as soon as possible. We will always try to keep the appointment, but the schedule may dictate that we reschedule your appointment if you are late. **24 hours notice** is required to reschedule or cancel any appointment. A \$50.00 no-show fee will be charge for appointments not canceled or rescheduled with 24 hours notice.

As a patient of record, you now have **24 hour emergency access**. If you have a dental emergency call the office number, 972-542-2219, for further information. If you suspect head or bodily injuries other than dental injuries go to you local emergency room.

Payment for services are due at the time treatment is rendered. Patient with insurance must pay their part not covered by the insurance at the time of treatment. Ultimate responsibility for payment lies with the patient. Claims not paid by the insurance with be billed directly to the patient. Any questions about your insurance policy should be directed to your insurance company. Our office accepts most traditional insurance, cash, checks, and credit cards. Payment plans are available.

Patient's or Legal Guardian's Signature _____ Date _____

Witness' Signature _____ Date _____

