A: FINANCIAL AGREEMENT

I acknowledge that payment is due in full at the time of treatment, unless I am using a pre-arranged finance plan. **I understand that all insurance deductibles and co-payments are also due in full at the time of treatment, and that while this office attempts to estimate these totals as accurately as possible, any balances remaining after insurance has paid is due immediately upon notification by this office**.
I agree that as parent/guardian I am responsible for all fees and services rendered treatment of a minor/child. I accept full financial responsibility for all charges not covered by insurance. **Please note:** Insurance is a contract between the Ins. Company and the patient. We **estimate** but this isn't always the full amount the patient will owe. **Also all maximums on insurance plans include cost of two "free" cleanings per year.**
My appointment today will be paid by: cash / check / credit card / Circle one.

_____ _____
Date Signature of Insured/Parent/Guardian

B: ASSIGNMENT AND RELEASE

I, the undersigned, have dental insurance coverage with_____
_____
(Name of Insurance Company(ies)

And assign directly to Palmetto Dental Associates all benefits, if any, otherwise payable to me for service rendered. **I understand that I am financially responsible for all charges whether or not paid by insurance**. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

_____ _____
Date Signature

C: MINOR/CHILD CONSENT

I, being the parent or guardian of _____
Name of minor/child

Do hereby request and authorize the dental staff to perform necessary dental services for my child, including but not limited to x-rays, and administration of anesthetics which are deemed advisable by the doctor, whether or not I am present at the actual appointment when the treatment is rendered.

_____ _____
Date Signature of Insured/Guardian