

Office Policies:

- ~ As a courtesy to our patients with dental insurance, we gladly submit dental claims to your insurance company for payment. Our advanced systems are able to estimate the patients' portion of payment from services rendered.
- ~ It is agreed that my insurance is to be billed for all services provided by Serene Oaks Dental (S.O.D.) as long as my insurance is in effect and the insurance limits have not been exceeded.
- ~ I consent to the release of my dental records by S.O.D. to my insurance company if necessary for my bills to be paid.
- ~ I understand that the information my insurance company provides to me or S.O.D. is not a guarantee of the benefits provided or paid by my insurance company. I understand that I am responsible to know my insurance benefits. Therefore, I accept full responsibility for all charges for services provided by Serene Oaks Dental. I understand that I am responsible to pay for all balances that dental insurance does not cover.
- ~ I agree to pay the entire estimated patient balance at the time my dental services are rendered.
- ~ I understand that S.O.D. will charge interest on unpaid balances 60 days after the date of service and I accept responsibility to pay these interest charges.
- ~ I understand that in the event that S.O.D. has been unable to collect payment for services that S.O.D. has the right and will turn my account over to a collection agency.
- ~ I understand that there is a \$25 charge for NSF checks that are returned to S.O.D.

Commitment to Appointments: We will reserve time for you. We will give you our utmost attention and care and will rarely keep you waiting. An appointment scheduled in our office is a bond of trust that our team will be here to serve you and that you will be on time and prepared for your appointment. We maintain an efficient schedule because we understand that our patients' time is important.

By signing this form, I consent that I have reviewed and agree with the above policies of SERENE OAKS DENTAL.

Patient Signature

(if minor) Signature of Parent/Guardian

Serene Oaks Dental Representative

Date