



# Anytime Dental

Anytime Dental is HIPAA compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC & the ADA.

For my convenience, this office may release my information to my insurance company, and receive payment directly from them. I hereby authorize payment directly to Anytime Dental from the insurance benefits otherwise payable to me. Every effort will be made to help me with my insurance, **BUT** if they do not pay as ESTIMATED, I will still be responsible.

If an appointment is broken without a 24 hr notice, Anytime Dental reserves the right to charge a broken appointment fee of \$50 per hour, which I will be responsible for paying.

Treatment plans may change, and I will be responsible for work actually done. I authorize and give consent to perform dental services agreed between doctor and patient and/or parent or guardian to be necessary and advisable. I authorize Anytime Dental to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. I understand that if I am having major treatment that involves lab work, I will be responsible for the fee at that time.

I understand that I am responsible for all costs and dental treatment. I agree to pay a finance charge of 1.5% per month on any balance 60 days past due, unless acceptable arrangements have been made. In the event my account is sent to collections, I agree to pay all related fees and court costs.

**I certify to the above statements regarding my medical condition. The information provided here by me is correct to the best of my knowledge.**

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***If Patient is Under 18:***

Responsible Party \_\_\_\_\_ Relationship to Patient \_\_\_\_\_