

**ADEPT DENTAL SHAFTER  
1110 E. LERDO HWY #200  
SHAFTER, CA 93263  
(661)746-6989**

**PATIENT ACKNOWLEDGEMENT OF OFFICE FINANCIAL POLICIES**

**INSURANCE BENEFITS**

The contract for any insurance benefit is solely between the insurance company and the patient. As a courtesy, Adept Dental Shafter will bill your insurance company for any possible dental benefits available.

**NO GUARANTEE OF BENEFITS**

Today's dental insurance benefits are becoming more complicated and we will do our best to assist you in receiving the maximum benefit you qualify for. However, there is never a guarantee of insurance coverage or the amount the insurance company will pay on any particular dental procedure (including procedures that are "DOWNGRADED")

**FINANCE CHARGE**

All account balances over 90 days may be submitted to collections if no action is taken.

**DELINQUENT ACCOUNTS**

In the event of a delinquent account, all costs of collection proceedings will be the patient's responsibility.

**RETURNED CHECKS**

Any checks returned by the bank may be subject to a \$25.00 fee.

**CANCELLATION AND NOSHOW POLICY**

Appointments will be charged a \$50.00 fee if not cancelled or re-scheduled 48-hours prior to appointment.

**PATIENT'S RESPONSIBILITY**

It is solely the patient's responsibility for payment of any and all dental procedures provided to the patient and/or their dependent by Adept Dental Shafter.

THANK YOU for choosing Adept Dental Shafter as your dental provider. We Appreciate your business!

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RESPONSIBLE PARTY SIGNATURE:** \_\_\_\_\_

## CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

### SECTION A: PATIENT GIVING CONSENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SSN#: \_\_\_\_\_

### SECTION B: TO THE PATIENT (PLEASE READ THE FOLLOWING)

**PURPOSE OF CONSENT:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out dental treatment and payment activities.

**NOTICE OF PRIVACY PRACTICES:** You have the right to read our Notice Of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities in our office. Please feel free to ask us for a copy of our Notice Of Privacy Practices.

**RIGHT TO REVOKE:** You have the right to revoke this consent if you wish, but we may have to decline to treat you or continue treating you as our patient if the consent is not signed. We need to have a patient's written consent signed and in their chart to use any information to bill a patient's insurance or to provide treatment to you the patient.

I \_\_\_\_\_, have had the full opportunity to read and consider the contents of this consent form and have been given an opportunity to receive a copy of Adept Dental Shafter Notice Of Privacy Practices. I understand that by signing this consent form, I am giving my consent to you and disclosure of my protected health information to carry out dental treatment and payment activities.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **PATIENT ACKNOWLEDGEMENT OF RECEIP OF DENTAL MATERIAL FACT SHEET**

I \_\_\_\_\_, acknowledge I have received from Adept Dental Shafter a copy of the Dental Material Fact Sheet dated October 2001.

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The following is a sample of the Dental Board of California Dental Materials Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of this document and it's linkage to the DCA we site does not constitute an endorsement of the content of this document.

The Dental Board of California Dental Materials Fact Sheet Adopted on 10/17/01

As required by Chapter 801, statues of 1992, the Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's dental needs. It is not intended to be a complete guide to dental material science.

The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin ionomer cement, ceramic porcelain, and proclain fused to metal, gold alloys (noble) and nickel or cobalt-chrome (base metal) alloys. Each Material has its own advantages and disadvantages, benefits and risks. These and other relevant factors and compared in the attached matrix titled "Comparisons of Restorative Dental Materials." A glossary of terms is also attached to assist the reader in understanding the terms used.

The statements made are supported by relevant, credible dental research published mainly between 1993 and 2001. In some cases, where contemporary research is spare, we have indicated our best perceptions based upon information that predates 1993.

The reader should be aware that the outcome of dental treatment or durability of a restoration is not solely a function of the material from which the restoration was made. The durability of any restoration is influenced by the dentist's technique when placing the restoration, the ancillary Materials used in the procedure and the patient's cooperation during the procedure. Following restoration of the teeth, the longevity of the work will be strongly influenced by the patient's compliance with dental hygiene and home care, their diet and chewing habits

**THANK YOU FOR YOUR COOPERATION, ADEPT DENTAL SHAFTER**