



## ASSIGNMENT AND RELEASE

I the undersigned have insurance with ( *Name of Insurance Company*) \_\_\_\_\_ and assign directly to Lansdowne Dentistry by Design all benefits, if any, otherwise payable to me for services 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 the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 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 \_\_\_\_\_

## FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents/guardians are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges not covered by insurance.

Date \_\_\_\_\_ Signature of Insured/Guardian \_\_\_\_\_

## FINANCIAL POLICY

Dear Patient:

Thank you for selecting us as your dental care provider. The following information describes our Financial Policy. Our primary goal is that you receive the optimal treatments needed to restore and maintain your dental health. Therefore, if you have any questions or concerns about our financial policies please do not hesitate to ask one of our front office staff members.

We ask that you read and sign our Financial Policy and complete our Patient Information Form prior to seeing Lansdowne Dentistry by Design.

Payments for services rendered are due at time of treatment. We accept cash, personal checks, and for convenience, Visa and Master Card. We will help you process your insurance claim for your reimbursement as long as we have all of your insurance information and you bring a complete claim form at your next visit. We accept assignment of insurance benefits. However, you will be required to pay the portion of the service that we estimate will not be paid by the insurance company.