DENTAL ASSOCIATES OF DELAWARE

Patient Care Agreement

General Consent to Treat

At Dental Associates of Delaware, we are committed to providing high-quality care. Before treatment, we will explain your options, estimated costs, and the risks and benefits. We encourage questions and will address all concerns before proceeding.

Please provide accurate, up-to-date medical information, including any changes to medications or health. Notify us promptly of any updates.

Diagnostic tools, such as exams and radiographs (X-rays), may be needed to assess your dental health and ensure appropriate care. By proceeding, you consent to these procedures.

While no treatment is without risk and results may vary, we encourage you to follow the recommended care plan and attend follow-up appointments to maintain optimal dental health.

Our team is here to support you and ensure you are fully informed. Please feel free to discuss any concerns with us.

Consent for Use of Patient Photographs

We may take photographs of your teeth and smile for treatment, education, and record-keeping purposes. These images may also be used for marketing, including our website, social media, promotional materials, etc. No full-face images or personally identifying details will be shared without additional written consent.

By signing this form, you authorize the use of these images as described. You may revoke this consent in writing at any time, and we will discontinue future use of your images. However, previously published materials may not be retractable. Your decision will not affect your care.

Financial Responsibility

We understand that managing the financial aspects of your care can be a concern, and we aim to make this process as clear and straightforward as possible. While we submit insurance claims on your behalf, please be aware that treatment is based on your dental needs, not on what your insurance may or may not cover. You are responsible for any charges not covered by insurance.

It’s essential for us to have accurate and up-to-date insurance information to ensure you receive appropriate coverage. Please confirm that your insurance is active and eligible for the services provided and notify us of any changes to your insurance coverage. We will be happy to assist you in updating our records.

If your insurance denies a claim or an issue arises that cannot be resolved, you will be responsible for the remaining balance.

For secondary or tertiary insurance, we will submit claims on your behalf. If an Explanation of Benefits (EOB) is requested but not provided, we kindly ask that you submit the claim to your insurer and pay any outstanding balance. We also request that you inform us of any additional coverage so we can have all necessary information.

Payments can be made via cash, check, credit card, or financing options. While estimates will be provided as a guide, please understand that you are responsible for any balance remaining after insurance payments.

If you have any questions about your treatment, insurance, or financial responsibilities, we encourage you to reach out. Our goal is to ensure your comfort and understanding at every step of the process.

Appointment Policy

We value your time and are committed to providing the best care in a timely manner. To help us maintain an efficient schedule, we kindly ask for your cooperation with the following appointment policies:

- **Appointment Confirmation:** Confirm your appointment at least 24 hours in advance. If you are unable to confirm or need to cancel, please let us know as soon as possible.
- **Changes to Contact Information:** Please notify us promptly of any changes to your contact details.
- **Late Arrivals:** If you are running late, call us to check if there is enough time to complete your treatment.
- **Broken Appointments:** A $50 fee may be charged for appointments cancelled with less than 24 hours' notice, which must be paid before rescheduling.
- **Repeated Cancellations:** After two broken appointments within a year, we will offer same-day appointments only. If you miss a same-day appointment, we may need to refer you to another provider for future care.
- **Resuming Appointments:** To resume scheduling appointments, attend five consecutive same-day appointments.

Thank you for understanding and for your commitment to these policies, which help us provide high-quality care. If you have any questions or concerns about our policies, please don’t hesitate to ask. Our team is here to support you.

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Patient Name (Printed)

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Patient Signature Date