

## CONSENT FOR TREATMENT

Modern Dentistry can offer a better quality of life and peace of mind to those who choose to have dental treatment performed. However, there can be risk of complications during and/or after dental treatment. The patient needs to understand there are risks.

- I hereby authorize Dr. Darren Barrilleaux and/or designated staff to take x-rays, study models, photographs, and other diagnostics deemed appropriate by the doctor to make a thorough diagnosis in order to give me a complete recommendation for treatment.
- Upon such diagnosis, I authorize the doctor to perform all recommended treatment, mutually agreed upon by me, and to employ such assistance as required to provide proper care.
- I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks.
- I understand and agree to have dental treatment performed by Dr. Barrilleaux and staff, knowing there could be the risk of unforeseen complications that could be included and not be limited to: Tooth loss, bone defects, tissue defects, temporary or permanent nerve damage, sinus perforation, joint disorder and proof treatment not a success.
- Dr. Barrilleaux and/or staff can not be held legally responsible for any complications that may arise during or after receiving dental treatment if I have NOT disclosed all medical and dental information to Dr. Barrilleaux and staff or if I have not completely followed pre and post treatment instructions.

## FINANCIAL AGREEMENT

Dr. Barrilleaux and his staff are very serious about giving excellent dental treatment and personalized service to their patients. They are also very serious about receiving payment for services performed. You can have a great dental experience and a life long dental relationship as our patient. Unfortunately, relationship breakdowns occur with the slightest miscommunication, misunderstanding and/or assumptions. To prevent such a situation from taking place, the following financial expectations must be understood and followed.

- I will pay for all dental services received when my account is charged.
- Having dental insurance is not a free ticket. It is a good benefit that helps supplement the cost of having a healthy mouth. It is my insurance, therefore, it is my responsibility to know its limitations. Dr. Barrilleaux is my dentist, not my insurance agent. If I have a balance, after my insurance company has or has not paid, I will pay it in full when I receive my statement. Further more, I will also pay the balance of my account, if my insurance company holds payment to Dr. Barrilleaux longer than 30 days. If there is a discrepancy with the estimated cost to me and what my insurance company has or has not paid. I will pay in full my balance. Then I will contact my insurance company to settle the discrepancy.
- Reserved dental time is very important to you and the emergency patient in pain. Dr. Barrilleaux request a 24 hr. Rescheduling or cancellation notice for general treatment. If I fail to keep my reserved appointment or do not give advance notice, I will be subject to pay an OFFICE CHARGE. Notice must be verbally communicated to the patient manager.
- If I avoid payment, my account balance, will be subject to additional charges for all costs of collections. COLLECTION COSTS may include; court cost, reasonable attorney fees, credit bureau 40%, private investigator, etc.
- The only exception to the above expectations is to be approved by the PATIENT MANAGER. A financial arrangement must be *written, signed and accepted* or my account will become delinquent.
- Delinquent accounts, without a financial arrangement, are subject to \$10.00 late charge per month.

***I understand, accept and agree to all conditions listed above for both CONSENT FOR TREATMENT and FINANCIAL AGREEMENT.***

***Signature of patient or responsible party:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Patient Name

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*Copy: Drivers licence  
Insurance Card*

***I hereby authorize payment directly to Progressive Dentistry  
(Dr. Darren P. Barrilleuax) of the Group Insurance Benefits  
otherwise payable to me.***

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***Signed (Insured Person)***