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Thank you for choosing Skyline Dental for your dental needs. We always strive to provide you with the highest quality of care in a compassionate and friendly atmosphere.

Consent for Treatment:

Patient Name: _____
Last First MI Preferred Name

I hereby authorize This Dental Practice to administer and perform the necessary procedures, such as x-rays, anesthetics and dental treatment deemed necessary or advisable with the diagnosis of my dental condition. I understand there are certain risks inherent in dental treatment: such as but not limited to: pulpal sensitivity or damage, tissue swelling or bruising, soreness of jaws, paresthesia and other specific risks.

Minors or Children

Because the patient is a minor, it is necessary that signed permission be obtained from a parent or guardian before any dental services are rendered. Such authorization is hereby granted. Furthermore, I agree to be responsible for all bills incurred on behalf of this child during their dental treatment.

YES NO

Financial Policy:

In the interest of providing the highest quality of care for our patients it is necessary to establish a financial policy to avoid any misunderstandings. Our primary responsibility is to help our patients experience good dental health and we wish to spend our time and energy toward that end.

Payment is required for all dental services on the day they are rendered. To assist our patients, we offer the following methods for taking care of their account at our office:

- We offer a 5% discount when dental treatment is paid in full with cash or check on the day that treatment is rendered.
- We accept Visa, Mastercard, Discover and American Express. The discount does not apply
- We offer financing through Care Credit which offers up to 12 months deferred interest financing as well as long term financing options with low interest rates. You must qualify to use any of the plans offered by care credit, and they have an easy application process. Please do not hesitate to ask us about this option.
- If you have dental insurance, we are happy to submit claims to your insurance company for you, as a courtesy. In order to do so you must provide us with your current insurance card and/or any additional necessary information. However please be advised that all estimated patient responsibility after insurance is due at the time of service. Even though you may have an insurance claim pending, you will receive a monthly statement for

the outstanding balance on your account. We cannot accept responsibility for collection of an insurance claim after 60 days or for negotiating a disputed claim. Insurance policies are a contract between you, your employer and the insurance carrier, and we are unable to guarantee payment made by your insurance carrier. You are ultimately responsible for payment of your account.

Failed or Cancelled Appointments:

Appointment times are reserved especially for you. Please be on time so that the scheduled treatment can take place. We kindly ask that you give us 24-hour notice if you are unable to keep an appointment. There will be a \$50 fee for failed appointments. We are unable to continue to offer appointments to patients who fail multiple appointments without giving us proper notice. You may leave a message on our after-hours voicemail if you find out that you are unable to honor an appointment after our office has closed for the day.

Estimates and Fees:

After x-rays and examination, you are entitled to and should ask for an estimate of fees to cover your treatment. All Estimates are based upon conditions viewed at the time of diagnosis; unforeseen circumstances, such as pulpal therapy or cracked teeth could alter an estimated fee. Except for extreme emergencies, financial arrangements are to be made before treatment is rendered. There is a service charge on all unpaid accounts over 60 days.

Delinquent Accounts:

Delinquent accounts which have been turned over to a Credit Reporting Collection Agency will have their balances increased 50% to cover the expenses associated with the Collection Agency. In addition to these collection agency expenses; delinquent accounts are also liable for Attorney fees and court costs associated with the collection of the debt.

Notice of Privacy Practices (HIPAA):

A laminated copy of our office Notice of Privacy Practices (HIPAA) is available in our office. Upon your request, we will be happy to provide you with your own personal copy of our Privacy Practices.

Our goal is to ensure that you have an excellent experience at Skyline Dental. (Signature will be obtained upon checking in for your appointment.)

Signature: _____

Date: _____