



Premier Dental Care of Buckhead

MAKING SMILES...ONE PATIENT AT A TIME

Name: _____ Birthdate: _____

Street Address: _____ City _____ Zip _____

Cell Phone #: _____ Work Phone # _____

Email: _____ Emergency Contact: _____

Consent Agreement:

1. I hereby authorize the doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by the doctors to make a thorough diagnosis of my dental and health needs.
2. Upon such diagnosis, I authorize the doctor to preform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I consent to the use of appropriate medication and therapy as deemed necessary. I fully understand that using anesthetic agents embodies certain risks.

Financial Policies/Insurance Agreement:

Financial Policies: We accept Visa, Mastercard, Discover and American Express.

*We are a **fee-for-service office**, so our patients ***pay up front at the time of the visit***, and then we ***will file the insurance claim for you***. After we file the insurance claim, ***the insurance company will reimburse you directly*** for however much they cover on the treatment you've received. If you have not received payment from them after 4-6 weeks, we are happy to refile the claim for you again, just give us a call. It will ultimately be your responsibility to phone your insurance company to follow up on payments not received.

Insurance: We do accept all insurance plans as long as your specific plan allows you to visit an out-of-network provider. We are not in network with any insurance companies, so you will want to make sure your plan, possibly a PPO plan, will allow you to go out of network and will pay out-of-network dental benefits. As with many medical providers, our fees may exceed the amount insurance carriers will pay. Every dental insurance plan has different stipulations regarding access to care and payment for services rendered. Within the same insurance company, benefits may differ depending upon what type of contract employers negotiate with that carrier on an employee's behalf. Ultimately, it is important for the patient to understand his/her dental benefits including specific inclusions and exclusions. Our office asks that you realize we do not work for or with any insurance company. However, we do work 100% for our patients. The treatment recommended to you at our office, as well as the fees, are always based on individual needs, and not your insurance coverage.

Signature: _____ **Date:** _____