

Lake Grove Dental Office Policies

Consent to Treatment

I voluntarily consent to and authorize the dental professionals at this practice to perform examinations, X-rays, cleanings, and any other dental procedures deemed necessary for my dental health. I understand that:

- Dental care involves certain inherent risks, including but not limited to infection, swelling, discomfort, and temporary or permanent changes in sensation.
- No guarantee of specific results has been made or implied. Results depend on individual health factors beyond the practice's control.
- I have the right to refuse any recommended treatment and will be informed of alternative options and the consequences of non-treatment.
- Additional procedures may be required during treatment that were not identified during the initial examination.
- Radiographs (X-rays) may be required for diagnosis and to ensure safe treatment.

Financial Policy & Payment Agreement

I understand and agree to the following financial terms:

- Payment is due at the time of service unless prior arrangements have been made with the billing department.
- I am responsible for all fees associated with my dental care, regardless of insurance coverage.
- Insurance claims will be submitted on my behalf as a courtesy; however, unpaid balances remain my responsibility.
- Accounts with balances outstanding beyond 90 days may be referred to a collections agency, and I will be responsible for any associated collection costs.
- A fee may be charged for returned checks or declined payments.
- Finance charges may be applied to balances not paid within the agreed timeframe.

Cancellation & Appointment Policy

To ensure availability for all patients, I agree to the following appointment policies:

- I will provide at least 48 hours' advance notice if I need to cancel or reschedule an appointment.
- Appointments cancelled with less than 48 hours' notice, or missed without notice, may be subject to a cancellation fee.
- Repeated late cancellations or no-shows may result in the requirement of a deposit for future appointments or discharge from the practice.

Medical History & Disclosure

I confirm that the medical history information I have provided is accurate and complete to the best of my knowledge. I understand that:

- It is my responsibility to inform the dental team of any changes to my health, medications, or allergies at each visit.
- Failure to disclose relevant medical information may affect the safety and effectiveness of my dental care.
- I must disclose all medications, supplements, and over-the-counter drugs I am currently taking.
- I must inform the practice of any known allergies, including allergies to medications, latex, or materials.