



Patient Consent to Treatment Agreement

Consent to Treatment

The undersigned consents to radiographs (x-rays), laboratory procedures, anesthesia, diagnostic tests, dental treatment, or other procedures rendered to the patient under the supervision of a licensed dentist and agrees to notify the provider of any changes in health history or medications. Although the undersigned may elect not to undergo certain specific procedures, Weimerskirch Family Dental, PLLC may decline to treat the patient. Further, the patient consents to treatment during medical emergencies, including the administration of medications or medical procedures. The undersigned also agrees to notify an employee of Weimerskirch Family Dental, PLLC if they have ever made a formal claim of malpractice against a medical or dental provider.

Privacy Practices

Weimerskirch Family Dental, PLLC's Notice of Privacy Practices is available to the undersigned via our website or in paper form by request. The undersigned consents to the use and disclosure of his/her health information to carry out treatment and health care operations. This includes communicating health information in physical or electronic form (including transmitting digital radiographs) with other medical or dental offices, such as specialty offices we may refer you to for treatment. In order to assist in the improvement of dental care, the undersigned authorizes representatives of Weimerskirch Family Dental, PLLC to use all or part of the patient's record including written records, radiographs, photographs, videotapes, and laboratory reports for training so long as the patient is not identified by name in connection therewith. The undersigned has the right to revoke consent at any time by written notice; however, we may decline to treat the patient if this consent is revoked.

Financial Agreement

The undersigned agrees, whether he/she signs as agent or as patient, he/she hereby individually obligates himself/herself to pay for treatment received at Weimerskirch Family Dental, PLLC in accordance with the regular rates and terms of the office. Failure to pay for services in a timely manner may jeopardize the patient's access to routine and emergency dental care. In the event the patient's account is transferred to a bad debt collection agency, the undersigned may be responsible for reasonable attorney's fees and collection expenses. In some instances, a discount may be applied for services rendered that are paid-in-full on date of service.

Minors and Dependent Adults

The parent (or legal guardian) of patients under the age of 18 (or dependent adults) must be registered as the guarantor; the guarantor's name and physical address is required. Either parent may be held responsible for payment of treatment rendered to their minor child or dependent adult. Weimerskirch Family Dental, PLLC's policy is to bill the parent/legal guardian who presented the minor/dependent adult for treatment. The same applies to minors/dependent adults of divorced parents.

Insurance

Weimerskirch Family Dental, PLLC submits to insurance as a courtesy to our patients; balances after insurance are billed to the guarantor. Ultimately, the guarantor is responsible for payment, regardless of the insurance carrier's consideration.

The undersigned authorizes Weimerskirch Family Dental, PLLC to submit claims (on the patient's behalf) to insurance or other third party payer(s) and to disclose health information to the extent necessary to obtain payment. The undersigned also assigns benefits paid by insurance or other third party payer(s) directly to Weimerskirch Family Dental, PLLC.

I have reviewed Weimerskirch Family Dental, PLLC's Financial Policy as stated above and I understand and accept responsibility of cooperating with these policies. I understand that I will be responsible for financial balances resulting from treatment received that is not paid by my insurance company, or any third party payer(s). Updates or changes to this policy are available on our website (www.weimerskirchfamilydental.com), phone (815-747-2263), email (info@weimerskirchfamilydental.com), or mail (406 Wall St., East Dubuque, IL 61025).

My signature acknowledges that I understand and accept the above agreement.

Signed: _____ Date: _____

Printed: _____

Relationship to patient: _____