



Acknowledgement and Consent of Office Policies

Patient Name: _____

1. **Health Information:** I agree to disclose all previous illnesses and medical history. Undisclosed medical information and current medications allergies or illnesses are risk factors.

2. **Drugs, Latex and Medicines:** I understand that antibiotics and other medicines can cause allergic reactions that can be life threatening and can sometimes interfere with birth control pills and /or other medications. Latex allergies can cause itching and possible rashes. Epinephrine increases the heart beat and depending on my health can be dangerous to me.

3. **Needle Stick:** If someone is inadvertently stuck with a needle used on me I consent to have my blood drawn for analysis.

4. **Limitations of Insurance Coverage:** I understand that Pinnacle Dental is an IN-Network Provider for most PPOs. If Pinnacle Dental is an in-network provider for my PPO, I will receive a predetermined discount off Pinnacle's regular fees as my PPO dictates. I know that Pinnacle Dental accepts and files insurance for ALL PPOs, even ones that they are not in-network with. If my PPO considers Pinnacle Dental or my dentist, to be an out-of-network provider, my insurance company will reimburse Pinnacle Dental for my treatment at higher rates. Pinnacle does not accept DMO or HMO plans, therefore if I am part of a DMO or HMO, I will have to pay 100% of my bill.

5. **Specific Limitations for In-Network plans:** I understand that my insurance carrier and my employer have set up my coverage plan and my in-network fees. I know that my insurance carrier will not always pay 100% of my treatment costs. I acknowledge that most insurance companies pay less than 50% of the total costs incurred for fillings and crowns. I understand that there are charges beyond what insurance will pay, i.e. nitrous oxide, cosmetic work and certain other fees-- and I will pay 100% of those fees. I also understand that Pinnacle Dental will file a claim with my insurance as a courtesy to me, but ultimately it is my responsibility to understand the details of my insurance policy. After my exam, I will be provided with a treatment plan that explains my estimated costs for dental treatment. I understand that the monetary amounts listed on my treatment plan are only ESTIMATED prices based on my in-network rules. I understand that I will be given the opportunity to ask questions about my insurance coverage. I realize I may have to contribute more money than originally quoted on my treatment plan if my insurance carrier does not pay their entire estimated portion of the bill. I agree to be financially responsible for the portions of my bill that my insurance company does not pay for me. This includes my yearly deductibles and all uncovered and denied procedures.

I understand that Pinnacle Dental will file my insurance as a courtesy to me and that any quote for my portion is only an estimate. I agree to be financially responsible for the portions of payment that my insurance company does not pay for me, this includes my yearly deductible and all uncovered procedures.

I do not expect guarantees in dental care. I understand that my teeth and dental work require upkeep, including but not limited to, bi-annual cleanings, exams, X-rays, and daily home care. If I experience discomfort with my new dental work, I will tell the dentist right away so that it may be addressed in a timely manner.

I have read the above and consent to treatment.

Signature of Patient or Parent of Minor

Date

Witness