

# AFFINITY DENTISTRY

By Jody Maiden DDS

## OUR MISSION

We are committed to providing you high- quality dental care in a warm, welcoming professional atmosphere through compassion, care and education.

Affinity Dentistry value's and appreciates each one of our patients. We measure our success on the quality of the relationship we have with each patient, not just the quality of dental treatment we provide. Dr. Maiden appreciates all patients as individuals with different physical, emotional, and financial needs. Our goal is to enhance the health and beauty of your smile through modern dentistry. The cornerstone of our practice is to educate our patients throughout their continued path of optimal health and wellness. We educate our patients by explaining advantages, disadvantages, costs and requirements for every dental procedure, as well as discussing individuals' expectations and concerns. We are unconditionally committed to excellence in everything we do, as we feature a state of the art dental office providing our patients with precision, excellence, and care.

We strive to consistently work hard, have fun, and provide exceptional comfort and services that you will want to share with family and friends.

## INFORMED DENTAL CONSENT

It is important to us that you, our patient, understand the treatment we are recommending and any invasive procedures we may, with your agreement, perform. We involve you in all decisions concerning any procedure you may need. We take informed consent very seriously in our office. Therefore, we only want you to sign this form when you understand that there is risk associated with dental procedures.

Dental treatment and dental procedures are not to be taken for granted as routine or without the risk of complications. Complications in dentistry are very low but do exist. Whenever preparation is done to a tooth, even a simple cavity can lead to pulpal (nerve) problems, abscess, fractured tooth, and/or post treatment pain to biting and to temperature extremes (hot and cold). These complaints can be transient or may persist requiring further treatments.

The above examples are only samples of possible complications with dental treatment and are not limited to these. In general, complications include but are not limited to pain, swelling, bleeding, infection, and other nerve problems.

I have read and understand Informed Dental Consent and consent to dental treatments.

Initials \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL POLICY

- Patients WITH Insurance Coverage:

Please understand that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will be glad to help you obtain the appropriate benefits from your insurance carrier as a courtesy to you. However, you are responsible for the payments of your account. We can request a pre-estimate of benefits from your insurance carries if you request to do

so. Routine treatments are generally performed without submitting a request of pre-estimate of benefits.

Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due prior to the treatment. If your insurance company has not paid the claim within 45 days, the balance will be automatically transferred to you. In some cases, insurance carrier may pay for alternative benefits other than the treatment performed. In this case, you are responsible to pay for the difference. All procedures involving lab work will require a minimum of 50% down payment, then the remaining 50% balance will be due as treatment progresses. The balance must be paid before final insertion of crowns, bridges or dentures. If you are having extensive treatment over a period of time, we request payments during the course of treatment.

- Patients WITHOUT Insurance Coverage:

Patients without insurance coverage are required to pay for services as rendered. We accept Cash, Check, MasterCard, Visa, or Discover. We also arrange pre-payments and financial plans with Care Credit (up to 6 months interest free).

#### OFFICE POLICY CONCERNING SCHEDULING APPOINTMENTS

When you make an appointment we reserve that time specially for you. We understand that extreme or unavoidable emergencies or circumstances do arise which may require you to cancel your appointment. We reserve right to charge for any appointment(s) broken without a 24 hour's notice. The charge will be \$50.00 for every hour of appointment time.

Initials \_\_\_\_\_ Date \_\_\_\_\_

#### BILLING POLICY

1. Checks returned unpaid from the bank are subject to \$35.00 service fee.
2. Accounts delinquent more than 45 days from the date of billing are subject to a 1.5% per month (18% annually) finance charge. If your account is sent to our collection agency you will be responsible for collection and court costs along with attorney's fees.

-----  
We welcome you to our office and want to provide you with the best care possible. If you have any questions regarding our policies and your treatment, please do not hesitate to ask.

I HAVE READ AND UNDERSTAND Affinity Dentistry's INFORMED DENTAL CONSENT, FINANCIAL POLICY, SCHEDULING POLICY AND BILLING POLICY.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature