COREY I. JOHNSON, DDS
SUNLIGHT DENTISTRY

We are complimented that you have chosen to partner with us for your dental care. Please read the following statements carefully. We are committed to making your dental care and financial responsibilities as clear and as positive an experience as possible. We invite you to ask any questions or voice concerns regarding your care and financial obligations prior to any treatment. We believe the best dental health services are based on a friendly, mutual understanding between provider and patient.

Consent for General Dental Procedures:

- I understand that I have the right to accept or deny dental treatment recommended by my dentist or hygienist. Prior to consenting to treatment, I will carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.
- I authorize Heim and Johnson, DDS to take x-rays, study models, photographs, and any other diagnostic aids deemed necessary to make a thorough diagnosis of my dental needs.
- I authorize Heim and Johnson, DDS to perform all recommended treatment mutually agreed upon by the treating dentist and me.

Financial Policy:

Please understand that payment for services is considered part of your treatment. We have adopted a simple financial policy for all of our patients. Please read, ask any questions, and sign this policy prior to any treatment.

- It is your responsibility to know your insurance plan's benefits prior to any treatment.
- You are fully responsible for all fees charged by this office regardless of your insurance coverage.
- Full payment is due at the time of service for your dental investment.
- Our team can assist you by filing your insurance claim as a courtesy to you. By signing this document, you authorize us to submit all necessary information to your insurance company to facilitate the payment of a claim. If you do not pay in full the day of service, you are authorizing us to accept the assignment of benefit from your insurance company.
- Pending insurance payments over 90 days will become your responsibility.
- 18% annually will be charged to accounts 90 days or greater. I understand that in the event my account is sent to a collection agent, I am responsible for all additional costs including late fees, collection agency fees, court costs, interest and fines.
- Divorced parents of patients should understand that the adult who signs the minor child into our practice on the day of service is responsible for payment. Parents are responsible to communicate between themselves regarding treatment and payment issues.

Thank you for taking responsibility for your dental health and financial obligations.

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Printed Patient Name:

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Signature of Patient/Parent/Guardian: Date: