



**AMINDA MODRELL, DDS**

*Personalized Care for You and Your Family*

## **PRACTICE CONSENT FORM**

I hereby authorize Dr. Modrell or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of my dental needs for proper dental care.

Upon such diagnosis, I authorize Dr. Modrell to perform all recommended treatment mutually agreed upon by me and to employ such assistance to provide care.

I agree to the use of anesthetics and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.

I request and authorize Dr. Modrell to do whatever she deems advisable if any unforeseen condition should arise in the course of procedures I may need.

I authorize release of any information concerning my health care, advice, and treatment to another dentist.

I understand that my dental plan or payer of my dental benefits may pay less than the actual bill of services; I understand that I am financially responsible in full for all services provided. I revoke all previous agreements to the contrary and agree to be responsible for payment of services not paid, in whole or in part by my dental care plan.

I authorize release of any information concerning my health care, advice and treatment provided for the purpose of evaluation and administration claims for insurance benefits.

I hereby authorize payment of dental plan benefits directly to the dentist, otherwise payable to me.

I authorize picture taken for patient file purposes. Should there be a social media picture the office will ask permission for it before posting.

I understand that any appointments outside of the regular office hours are subject to additional fees.

I agree to be responsible for payment, in full, of services rendered on my behalf. I understand that payment is due at the time of services are provided unless other arrangements have been made in writing. In the event payments are not received by the time of service, I understand that 1.5% finance charge will be added to my account on my balance on monthly bases.

I understand that this is a fee per service office and a \$9.00 service charge will be added to any statement should there be a need to send one.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Witness

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Cc: pt file