



Authorization For Medical and Dental Treatment

I hereby authorize and consent to any treatment, dental procedures, administration of anesthetics (if needed) and to administration of Nitrous Oxide (if needed) which my child's dentist Dr. Marisabel Olivera deems advisable in the diagnosis and/or treatment of my child.

Prior to any dental procedures, Dr. Marisabel Olivera will explain and go over child's treatment and all of your options. I give consent for my child to receive dental treatment as advised by Dr. Marisabel Olivera.

Insurance Coverage

If your insurance carrier does NOT pay for any of the services rendered, you the parent are responsible for any outstanding balance that is owed to the office. We will submit a claim on your behalf however, it is up to you the parent to notify us with any insurance changes if any PRIOR to your child's appointment. If there are any questions regarding your dental policy and or co-payments please call your insurance company. Our office will let you know in advance if you are responsible for any co-payments. Any balance that remains unpaid will be turned over to our collections agency after 60 days.

Appointments

We understand that on occasion you may not be able to keep your child's appointment due to an emergency or child being ill on the day of the appointment. However, our office does have broken appointment charges that will be charged to any patient that fails or cancels appointments on a regular basis without a 24 hour notice. The charge is \$75 per child that is scheduled. **Please provide us with the best contact phone number to call for reminders of appointments and your E-mail address.**

Best contact phone number _____

E-mail to use for appointment reminders _____

Payment Methods

Cash, Visa/Mastercard ONLY

NO CHECKS

Payment for co-insurance amounts are due on the same day services are rendered.

We would like to take pictures of your child and post them in the office, office website ect.

() YES, you may take pictures of my child(ren).

() NO, I choose NOT to have my child's picture taken.

Parent/Legal Guardian's Signature _____