



General Informed Consent & Office Policies

By being a patient at this office you are consenting to routine dental care including but not limited to Exams, Diagnostic X-rays, Local Anesthesia, Restorative Procedure, Crown and bridge and possibly Implants or Dentures. You have a right to accept or reject any treatment recommended by your dentist. You should consider the risks and benefits of any procedure before consenting to it. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

Some common considerations are listed below:

Health History: While we periodically update our health history, it is your job to make us aware of any changes, or current health issues that may influence treatment or your response to it.

X-Rays: X-rays are routinely taken in order to help with diagnosis and during treatment. The risk of exposure from our devices is minimal. Refusing X-rays may result in missed problems or compromised outcomes.

Hygiene: Routine cleanings are beneficial in slowing the progress of periodontal disease. Home care is necessary to support what is done in our office. Even with routine care at our office periodontal disease can progress to the point where teeth are lost or restorations are undermined.

Drugs and Medication: We may prescribe drugs such as antibiotics or analgesics. It is your responsibility to inform us of any allergies prior to prescription. Drugs must be taken as recommended by the manufacturer. Risks of any medication must be considered before taking. If Another Physician prescribed antibiotic use prior to dental treatment then it is the patient's responsibility to make sure that it is taken.

Local anesthesia: Local anesthesia is used prior to several procedures in our office. Possible side effects include Dizziness, Nausea, Accelerated heart rate or Allergic reaction. At their worst these may require medical management or hospitalization. Restricted mouth opening post injection can occur from muscle soreness at the site of injection. This may require physical therapy. Tongue or cheek biting can occur due to numbness. Injury to the anesthetized nerve can result in pain or numbness in the cheeks, lips or tongue that may last weeks, months or a year and rarely may become permanent. Also rare but possible is the chance a tip of the needle can break off during the injection process.

Restorations: If a tooth is being treated with a filling it means that there was a problem with that tooth to begin with. Sometimes that problem may be larger or more involved than anticipated. This could result in a more extensive restoration than originally planned or the need for a root canal, crown or both. Some teeth are not restorable and even after an attempt may need to be extracted. Sensitivity is common after a filling and may take a month or more to subside. It is possible that you may need to return to adjust high spots or other issues. In some cases the sensitivity may persist or get worse and necessitate additional procedures.

Changes in treatment: Changes from the original treatment plan can occur. We will make every attempt to discuss these with you ahead of time, but some alterations are on the spot decisions by the clinician. These changes may affect insurance coverage and fees.

I am consenting to dental treatment at Rhode Island Cosmetic Dentistry. I have read the above and have had any questions answered to my satisfaction.

Patient name: _____ Date: _____

Signature of patient or guardian: _____

Policies:

Please make us aware of any insurance that you may have so that we maximize your benefits. We participate with most major insurances. However there are several plans within each company some of which we may be non-participating providers for. This may alter your benefits. If a treatment is rendered for which you were not covered as originally estimated you will be responsible for the complete case fee. We will do our best to verify coverage and get written pre-treatment estimates from the insurance company when possible. Patients are encouraged to contact their own insurance providers if they are unsure about starting a procedure.

Our office will attempt to let you know the exact amount of your co-pay ahead of time but this may not always be possible. Changes in benefits, allowable amounts, deductibles or yearly maximums can affect your out of pocket expense. The obligation of the responsible party will include any charges not covered by insurance. We will usually collect co-pays at the time of the visit, if not you may receive a bill from our office.

We will submit all the necessary paperwork to the insurance company for you. We will also resubmit or furnish additional information for contested claims. We cannot, however, represent you in any disputes you have with your provider.

We accept local & out of state checks. Any check that is returned to our office for insufficient funds will be returned to the patient and the patient will be charged a \$25 check returned fee.

You are responsible for the timely payment of your account statements. Our offices reserve the right to reschedule or deny a future appointment on any delinquent accounts. There will be a \$15/mo charge for accounts past due 30 days or more.

There will be a **\$40.00** late cancellation fee applied to any account for a patient who cancels, no shows, or reschedules less than 48 hours prior to their appointment.

We will be happy to send any information needed to outside referrals. We are not responsible for scheduling, billing, charges or use of insurance from dentists outside this office.

Patient name: _____ Date: _____

I consent to your office billing insurance and receiving payment directly from the insurance company on my behalf.

I consent to your office sharing dental records with outside offices to which I am referred.

I have read and understood the above mentioned office policies.

Signature of patient or guardian: _____