



### PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Gulf Coast Pediatric Dentistry to use and disclose protected health information (PHI) about me and/or my child/children to carry out treatment and financial transactions regarding my account. There is a more complete description of such uses available upon request.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Gulf Coast Pediatric Dentistry reserves the right to revise its Notice of Privacy Practices at any time.

By signing this form, I am consented to Gulf Coast Pediatric Dentistry's use and disclosure of my child's/children's PHI to carry out appointment reminders, insurance items, account transactions/information and any calls/emails/faxes pertaining to my child's/children's dental care. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I did not sign this consent or later revoke it, Gulf Coast Pediatric Dentistry may decline to provide treatment to you/your child.

Name of your child/children: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

### FINANCIAL AGREEMENT

**Payment:** Payment in full is due at the time of services unless prior financial agreements have been made. We offer several payment options including: cash, check, debit cards, Visa, MasterCard, American Express, and Discovery. There is a \$40.00 fee for returned checks.

**Insurance:** Our office is committed to helping patients maximize their benefits. Because insurance policies vary greatly, we can estimate your coverage in good faith, but cannot guarantee it. As a service to all our patients, we will be happy to manage all claim submissions and follow up on your behalf.

**Fillings:** Our dental material of choice is a white (composite resin) filling. Please be aware that your insurance may not pay for a resin filling at the *same level* as a "silver" (amalgam) filling. You are responsible for the difference in cost. In some cases, the dentist may recommend a silver crown (stainless steel crown) instead of a white composite resin filling if a cavity or defect is too large for a filling.

**Nitrous Oxide:** Nitrous oxide or "laughing gas" is a very safe and reversible mild sedative and pain reliever used routinely in Pediatric Dentistry. Nitrous Oxide is not usually covered by dental insurance. We thank you for your payment on the date of service. (You will be informed if we need to use Nitrous Oxide, and your specific consent will be obtained for its use).

**Fluoride and Sealants:** Fluoride and Dental Sealants are two of our best weapons against cavities. We may recommend fluoride treatments more or less often than your insurance covers based on your child's risk for cavities. We may also recommend sealants for teeth, based on their risk for developing cavities, and some may not be covered by your insurance. Please review your insurance be

**Missed Appointments:** Once an appointment has been made, that time is reserved specifically for your child. We reserve the right to charge a \$35 fee for a no show appointment or last minute cancellation. We do ask that you give us at least 24 hours notice of cancellation. **Two missed/broken appointments for a prophylaxis/exam appointment or one missed/broken appointment for treatment visits/oral sedation visit/hospital calls, without at least 24 hrs prior notification, may prevent further scheduling by this office.**

Name of your child/children: \_\_\_\_\_

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Signature of parent/guardian

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Relationship to Child

\_\_\_\_\_  
Date