

## CHDA Office Policy and Consent

**Financial:** We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible. We want to assure you of our flexible approach to financing.

We work with most insurance companies and always try to maximize your coverage through meticulous detailing of procedures. We will submit claims as a third party biller as a added service to you. Please be aware that your insurance policy is a contract between you and your insurance company. We are a biller only and have no relationship with your insurance company. We are available to answer any questions we can. Dental plans vary and we cannot guarantee coverage. Only you and your employer have access to *all* the specific details of your plan. We encourage you to be familiar with your plan benefits prior to your appointment.

**Please remember, that you are responsible for the portion of your treatment not covered by insurance. We do require you to pay your patient portion of the bill at the time of treatment.**

**Unpaid balances over 30 days old will be subject to monthly interest of 1.5% (APR 18%). If payment is delinquent, the patient will be responsible for payment of collection, attorney fees and court costs associated with the recovery of the monies due on the account.**

The following payment options are available through Cherry Hills Dental for *extended treatment*.

- We accept all major credit cards
- Long term financing with Lending Club or Care Credit, a health care credit card financing bank. We have information on both options if you are interested and you would like to consider long term financing of your dental care.

**Cancellations:** We respectfully request that you notify us 48 hours in advance in the event you cannot make your scheduled appointment. Not providing timely cancellation or not showing up for scheduled appointments will result in a **\$60/ hour** scheduled appointment fee.

AS A COURTESY TO OTHERS, WE RESERVE THE RIGHT TO RESCHEDULE YOUR APPOINTMENT IF YOU ARE MORE THAN 15 MINUTES LATE

### CONSENT FOR ADMINISTRATION OF LOCAL ANESTHETIC FOR DENTAL PROCEDURE(S)

- a) Topical anesthetics are applied to tissue in the mouth with a swab to prevent pain at the injection site. Your dentist or licensed staff may use a topical anesthetic to numb an area prior to administering a local anesthetic.
- b) Local Anesthetics prevent pain in a specific area of your mouth during treatment by blocking the nerves that sense or transmit pain. The anesthetic causes temporary numbness in and surrounding the treatment area.
- c) I understand anesthetics can cause allergic reactions causing redness and swelling of tissues, pain, itching and vomiting. In severe allergic reactions; anaphylactic shock may occur.
- d) I understand that although local anesthesia is extremely safe, some rare or more serious complications may occur secondary to the administration of local anesthesia.
- e) I understand the most common complications of administering local anesthetic in dentistry include, but are not limited to, ecchymosis (a discoloration of the skin resulting from bleeding underneath, typically caused by bruising), pain, swelling or bruising, or long-term to permanent parathesia (numbness).
- f) I understand that more than one injection may be needed to achieve satisfactory or desired results for treatment purposes.
- g) I understand that dentistry is not an exact science and that dental practitioners cannot guarantee results. I

acknowledge that no guarantee or assurance can be made to me by anyone regarding the risk factors but am aware that every effort will be made on my behalf for positive outcome from local anesthesia.

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Signature of Patient, Parent, Guardian or Personal Representative

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Printed name of patient, parent, guardian or personal representative

**\* By signing electronically I am acknowledging and agreeing to the policies in place by CHDA and consent for anesthetic.**