

JEFFREY S. PRIETO, D.D.S.
1950 Miller Street, Suites 3 and 4
Orange Park, Florida 32073

Are you happy with your smile?

At Dr. Prieto's office we are able to provide several cosmetic procedures in addition to routine dentistry. These procedures, in conjunction with routine dental care, can greatly enhance the aesthetics of your smile. If you are interested in any of the following procedures, or would like to hear more about them, place a check next to the procedure(s).

- () Bleaching to whiten your smile
- () Straightening crooked teeth without braces
- () Changing the size, color, and shape of your front teeth
- () Replacing silver fillings with tooth colored restorations

JEFFREY S. PRIETO, D.D.S.

DENTAL RECORDS RELEASE

The office of Jeffrey S. Prieto, D.D.S. has my permission to release my dental records, x-rays, and other pertinent information regarding my dental treatment. These records may be released to my insurance company, dental specialists, another general practitioner, the insurance commissioner, or other professionals as deemed necessary.

I hereby authorize the office of Jeffrey S. Prieto, D.D.S. to contact and consult with dental and medical personnel as deemed necessary to perform my dental treatment. I release Jeffrey S. Prieto and staff from liability for disclosing information obtained in the course of their efforts to perform dental services for me.

I agree that photocopies of this signed authorization will be acceptable as an original signature.

X-RAY DUPLICATION

Today you will be having an examination that involves a full mouth series of x-rays. Please be aware that the x-rays are one of our diagnostic tools for your treatment. We will be glad to email x-rays from this set for you to see a specialist if required.

If you should desire a copy of these x-rays, they will be provided at a duplication fee of \$21.00 per set. This fee must be paid before the x-rays are duplicated and they will be ready for you to pick up or for us to mail to you in one (1) week.

Name

Date

JEFFREY S. PRIETO, D.D.S.

We welcome the opportunity to provide you with quality dental care and look forward to a long-term relationship. If you ever have questions about your dental health or the treatments we recommend or provide to you, please do not hesitate to ask.

As a patient, it is our mission for you to understand your treatment and make sure we have explained what is involved in the procedure(s) and the fees associated with it. To help us insure our communication is at its best, please read the following statements and sign at the bottom of the page.

If you have insurance, we are happy to file your claim. We have excellent relationships with many insurance companies and while we understand the fees they pay for a procedure, we have no way of knowing any limits you may have reached or any remaining balance that will be applied towards your deductible. Many times, your employer customizes their insurance coverage and they may limit certain items such as frequency of exams or x-rays. Since more than one doctor may provide these services, we can't guarantee payment from your insurance provider. We will verify your insurance coverage before we begin treatment and will do our best to accurately *estimate* what your portion will be. Your insurance is a relationship between you and your insurance provider. We will do everything we can to make sure your insurance company has everything they need; however, please remember *we are not responsible for denied claims*. By filing your insurance, we are extending credit to you from the time treatment begins to the time the insurance is received. Generally, this may be up to 60 days. However, if after 60 days, your claim has not been paid, we will forward the unpaid balance to you for payment, and you may seek reimbursement directly from your insurance company. Please understand in order for us to file your insurance and to provide services in advance of payment, we must set these policies. We value you as a patient and look forward to a long term rewarding relationship.

If you do not have insurance, our office manager will make financial arrangements with you based on our office policies. Once you have agreed upon your payment arrangements, it is important to stay with our agreement. If for any reason, you must deviate from these arrangements, you will need to contact our office as soon as possible.

I authorize the assignment of benefits to go to Dr. Prieto's office. I have read the above and understand I am responsible for any unpaid balance for services provided to me. I understand I am responsible for any collection or attorney's fees associated with the collection of any unpaid balance.

Name

Date

JEFFREY S. PRIETO, D.D.S.

I have had an opportunity to read this office's Notice of Privacy practices.

The following people can obtain information on my treatment and account.

Please print name: _____

Signature: _____

Date: _____

IF YOU WANT SOMEONE OTHER THAN YOURSELF TO BE ABLE TO MAKE APPOINTMENTS FOR YOU OR TO KNOW ABOUT YOUR TREATMENT, ACCOUNT INFORMATION, ETC. THEIR NAME MUST BE ON THIS SHEET.