



## Office Policies: Financial and Treatment

### FINANCIAL POLICY

It is our ultimate goal to provide you and your family with the highest quality of dental care, while maintaining a friendly and relaxing environment. In order to keep our standard of care at a level which best serves your dental needs, we ask you to please observe the following guidelines.

Cash Policy: Unless prior arrangements have been made, payment is due upon completion of treatment. For your convenience, we offer several payment options: Cash, check or debit. We also offer financing through CareCredit (OAC). If any discounts are given and your account becomes delinquent, the discounts will no longer apply and the original cost will be charged to your account.

Dental Insurance: Our staff is pleased that you have insurance coverage to help you with the cost of your dental care. We would like to help you maximize your insurance benefits, and as a courtesy, offer to bill your dental insurance for your dental procedures. Although we accept assignment of benefits, your co-payments and deductibles are required to be paid at the time of service. The balance on your account is your responsibility whether or not your insurance company pays for the service. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. If your insurance company has not paid your account in full within 90 days, the entire balance will be payable by you.

Cancellation Policy: Please help us serve you better by keeping scheduled appointments. After the second missed appointment there will be a **\$50.00** charge, unless a **48 hour notice** is given. All charges will be applied to the account.

### DENTAL TREATMENT AND CONSENT

I hereby give my consent to Dr. John Cho or dental hygienist to perform local anesthesia and other treatment as explained to me and as noted on the examination and record sheet and/or other procedures deemed necessary or advisable to complete the planned treatment.

Risks of Treatment: I understand that there are certain inherent and potential risks in any treatment or procedure. Some of these risks include, but are not limited to the following:

1. Injury to nerves or blood vessels at the site of injection of anesthetic. Nerve injury can result in numbness or tingling of the lip, chin, gums, cheek, tongue and/or teeth. This condition may persist for several weeks, months, or may remain permanently.
2. Stretching of the corners of the mouth resulting in cracking or bruising.
3. Nausea or allergic reaction to anesthetic or postoperative medications.
4. Restricted mouth opening for several days or longer.
5. Jaw joint (TMJ) pain, stiffness, and/or popping and clicking.
6. Postoperative sensitivity in teeth on which procedures performed i.e. hot, cold, chewing sensitivity, which may last for several weeks or months.
7. Damage to the nerve in the tooth on which procedures are performed resulting in the need for further treatment such as root canal and/or crowns.
8. Cracking and crazing of tooth enamel due to the high-speed rotary drills, which may result in the need for further treatment such as root canals and/or crowns.
9. Sensitivity to dental materials.

Medications, anesthetics, and prescription drugs may cause drowsiness and lack of awareness and coordination, which may be increased by the use of alcohol or other drugs. I understand that I should not use alcoholic beverages while taking prescription medication and should not operate any motor vehicle or hazardous devices while taking narcotic (pain) or sedative medications.

I understand that there may be reactions and/or side effects to any medication that is prescribed. For women taking birth control pills, I understand that some antibiotics may render birth control pills ineffective and I should use another form of birth control while taking antibiotics to prevent unwanted pregnancy.

For patients requesting amalgam removal: I understand that Dr. John Cho does not diagnose or treat mercury toxicity. I am having my amalgam fillings removed at my own request and have received no guarantees or promises of improvements of any health conditions or diseases that I may have. I have been informed that the risks involved are those listed on the previous page, and in addition, I am aware that mercury is released from the fillings when they are removed and this may temporarily increase the mercury burden to my body.

The nature of my dental treatment, anesthesia, alternative method of treatment (if any), as well as possible complications have been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I understand that I can ask for a full recital of possible risks attendant to phases of my care by just asking. I certify that the information regarding my health history is correct and complete to the best of my knowledge.

---

Patient Signature

---

Date