

Cosmetic Dental Procedure Agreement & Insurance Authorization

This agreement outlines the terms and conditions for cosmetic dental treatment, insurance coordination, and payment arrangements between the patient and the clinic.

1. Treatment Consent: I acknowledge that cosmetic dental procedures are elective in nature. I have had the opportunity to ask questions about the recommended treatment, risks, benefits, and alternatives.,
2. Insurance Authorization: I authorize the clinic to contact my insurance provider on my behalf to verify benefits, submit claims, and obtain pre-authorization if required.
3. Financial Responsibility: I understand that cosmetic procedures may not be fully covered by insurance. I agree to be financially responsible for any unpaid balances not covered by my insurance provider.
4. Payment Plan Agreement: If enrolled in a payment plan, I agree to the installment schedule provided separately and understand missed payments may result in additional fees.
5. Release of Information: I authorize the release of necessary medical and insurance information to process claims and coordinate benefits.
6. Cancellation & Refund Policy: I understand the clinic's cancellation policy and any applicable refund conditions.

Signatures

Patient Name:

Signature:

Date:

Clinic Representative:

Date:



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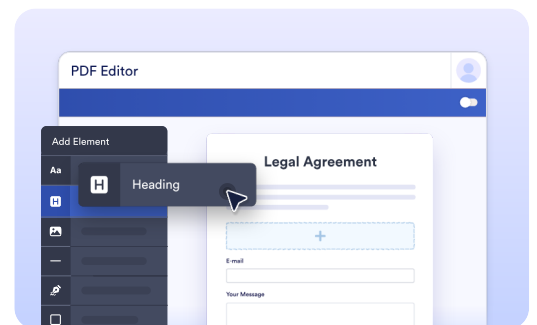
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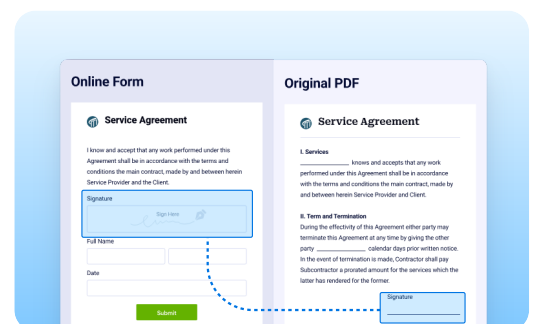
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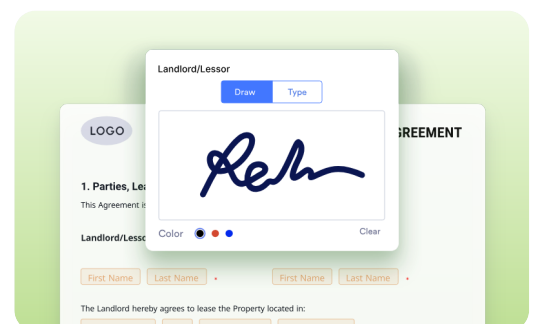
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