



BRIT E. BOWERS, DDS

Specialist in Pediatric Dentistry

801 Sunset Drive • Building A, Suite 3 • Johnson City, TN 37604



PATIENT NAME: _____

I being the parent or guardian of the above minor patient, hereby authorize and request the performance of dental services for this patient and the use of whatever procedures Dr. Brit E. Bowers may deem necessary during treatment.

I understand that Dr. Brit E. Bowers and such assistants as he may designate to treat the above mentioned patient will use restorative, oral surgery, and patient management techniques that are reasonable, necessary and advisable.

I also authorize the administration of anesthetics or analgesics which may be deemed advisable by Dr. Brit E. Bowers.

I authorize release of any information concerning my child's treatment for the purpose of insurance benefits.

I authorize release of any information concerning my child's treatment to another dentist or physician.

I hereby authorize payment of insurance benefits to the dentist otherwise payable to me.

I understand that the treatment plan be presented, along with the fees outlined, could change depending upon the time elapsed since the initial examination and the extent of dental pathology. Furthermore, by signing this, I agree to be responsible for full payment of all charges for dental services performed on the above named patient.

FINANCIAL POLICY

- A. Payment is expected when services are rendered either by cash, check, credit card or dental insurance.
- B. Assignment is accepted on dental insurance with the patient paying their estimated portion at the time of service. You will be billed for any balance not reimbursed by your dental insurance. We will also reimburse you in case of any overpayment.
- C. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collection.

Date _____ Signed _____

Relationship _____

APPOINTMENTS

We will attempt to give you an appointment that is convenient for you, but it is usually better to see younger patients in the morning. We try to confirm appointments the day before and would appreciate if you could give us the best number to contact you. If you are unable to keep your appointment, we request that you give us 24 hours notice so someone else may use your time. We reserve the right to charge a fee for appointments broken with no attempt to contact the office.

THANK YOU FOR ALLOWING US TO PROVIDE YOUR CHILD'S DENTAL CARE. WE APPRECIATE THE REFERRAL OF YOUR FAMILY AND FRIENDS.