



PINES - PALM DENTAL CARE

DR. FERNANDO GUTIERREZ

At *Pines-Palm Dental* is committed to providing you with quality customer service. Our commitment to service means that we strive to provide quality service in a timely fashion. We need the same level of commitment from our patients, with regards to keeping scheduled appointments. In the event that you are unable to keep your schedule appointments please notify us no less than 24 hrs in advance. To cancel appointments that are one and a half hour long or greater please notify our office at least 48 hrs in advance or a **\$50** fee will be charge to your account.

Signature of patient/guardian

Date

RESPONSIBILITY AND CONSENT

I hereby authorize and request the performance of dental services for myself or my minor child. I give my consent to any advisable and necessary dental procedure, medications or anesthetics to be administered by the attending dentist or the supervised staff for diagnostic purpose or dental treatment.

Signature of patient/guardian

Date

INSURANCE ASSIGNMENT AND RELEASE

I, the undersigned have insurance with (insurance name) _____ and assign directly to Dr. Fernando Gutierrez of all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges regardless of insurance coverage. I have provided Dr. Fernando Gutierrez with all information necessary to secure the payment of benefits. Additionally, I authorize the release of any information relating to this claim and authorize the use of this signature for all my insurance claims whether manual or electronic.

Signature of patient/guardian

Date

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of treatment, including any percentages not covered by my insurance carrier. I understand that in the event I default in my payment for said services I can be charged an amount to cover or attorney fees.

