

The Smilezone

Our team at the Smilezone has made a commitment to ensure that the best possible services is provided for our patients at each appointment. Our goal is to help you achieve and maintain optimal dental health and in doing so we will recommend treatment that best suit your needs.

Dental insurance is a contract between you, your company or school and an insurance company. The benefits you receive are based on terms negotiated between your employers/school and the insurance company. Your benefit plan may or may not cover any of the fees associated with your personal needs for treatment.

We will do our best to assist you in working with your insurance plan. Currently, we accept assignment of benefits from MOST Insurance companies, but please be aware that you are untimely responsible for payment for the total cost of treatment.

We look forward to helping you achieve and maintain your optimal dental health.

Date

Patient/Parient/Guardian

(Please read and complete both sides)

Have you been to another dental office in the past 6 months?

- Yes Where?
 No

If yes, and you like your dental files forwarded to our office please sign the following.

I do hereby authorize you to release my current x-rays and any information that would be helpful in my dental treatment.

Patient/Parent Guardian _____

Patient Privacy Consent Form

The Smilezone

All the team members who come in contact with your personal information are aware the sensitive nature of the information that you have disclosed to us. We collect, use and disclose only the amount of health information essential for us to deliver safe and efficient patient care.

Your information is only shared, your consent, to:

- Communication with other healthcare providers (eg. specialists and referring doctors)
- Invoice for services
- Process credit card payments
- Collect unpaid accounts

The storage, retention and destruction of your personal information within our office complies with existing legislation and privacy protocols.

By signing this consent form, you agree to the collection, use and/or disclosure of your personal information for the purposes listed above. If further disclosure needs arise, we will seek your approval in advance.

Date

Patient/Parent/Guardian