

Dentist / Patient Obligations' Form
Wauwatosa Dental Group

Patient Name _____

As your dental provider, we have an obligation to you, our dental patient, to:

1. Provide an accurate diagnosis of your dental problems.
2. Provide you with a treatment plan to address these problems.
3. Suggest treatment alternatives, if available.
4. Inform you of the fees involved for the proposed treatment, with the knowledge that the treatment and fees are subject to change.

As our dental patient, you have an obligation to this dental office to:

1. Keep your reserved dental appointment. If you must cancel your appointment a 24 hour notice is required so that we may offer this reserved appointment to another patient. There is a charge for broken appointments.
2. Know the benefits provided and limitations imposed by your insurance plans.
3. Keep us informed of any changes in dental or medical insurance information.

You are financially responsible for all treatments provided. Be familiar with the benefits and limitations of your insurance.

We will file insurance claims and co-ordinate benefits with the insurance programs that you have indicated to us as being in effect at the time that treatment is provided.

If you have any questions about insurance benefits, please contact your insurance company.

I authorize Wauwatosa Dental Group to release any information, including diagnosis, and the records of any treatments or examination rendered to me or my dependents during the period of such dental care, to third party payers and/or insurance carriers.

By placing my signature on this form, I certify that I have read the above information, understand it, and agree that I am responsible for all charges incurred less any dental or medical insurance benefits paid to Wauwatosa Dental Group.

Signature _____ Date _____