

Robert E. Sanderson DMD
2112 Lynngate Drive
Hoover, AL 35216

CONSENT:

The undersigned hereby authorizes Dr. Robert E. Sanderson to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Sanderson to make a thorough diagnosis of the patient's dental needs. I authorize the practice to perform any or all forms of treatment, medication and therapy, that may indicated in connection with (Name of Patient) _____ and further authorize and consent that Dr. Sanderson choose and employ such assistance as deemed fit. I also understand the use of anesthetic agents embodies certain risk.

COSMETIC DENISTRY:

Insurance companies for the most part refuse to pay for "cosmetic procedures". In the situation of replacing amalgam (silver) restorations with composite (tooth colored, white) restorations, most companies will pay their usual percentages of amalgam fees. Composite fees are higher than amalgam fees. The balance owed between the amount paid by your insurance company and the composite fee is your responsibility.

FINANCIAL AGREEMENT:

As a courtesy to you this office will file your insurance for you. Any remaining balance after 45 days will be your responsibility. You are also responsible for any services not covered by your insurance company. Insurance patients are expected to pay the annual deductibles (when applicable) and estimated co-payments the day of service. Please realize that insurance companies cover only certain portions of costs incurred and that is between you and your insurance company. In the event that any insurance company insuring the patient issues a check(s) made payable to the patient, the patient agrees to endorse said check(s) over to the office of Robert E. Sanderson, DMD.

Account balances that are 60 days past due may be assessed a \$5.00 per month re-billing fee. Account balances that are 90 days past due are subject to being assigned to a collection agency. The patient hereby agrees to waive any and all rights to claim personal property as exempt from levy under the law of the State of Alabama.

In the event of default I (we) promise to pay legal interest on indebtedness, together with such collection cost and reasonable attorney fees as may be required to effect collection of this balance.

Signature: _____

Date: _____