



## ACKNOWLEDGEMENT/CONSENT

\_\_\_ (initial) **CANCELLATION POLICY**

If the patient cannot adhere to a scheduled appointment, it is the patient's responsibility to call the office to cancel at least 24 hours prior to the scheduled appointment. **PLEASE NOTE: Mallard Creek Dental reserves the right to charge a \$50 fee if the patient does not cancel their appointment at least 24 hours prior to the scheduled appointment.**

\_\_\_ (initial) **CONTACT PERMISSION**

In the event that Mallard Creek Dental needs to contact you (patient) regarding an appointment, medication, or for any other reason, it is permissible to:

*Check all that apply:*

- Leave a message on an answering machine
- Speak with spouse/significant other
- Speak with other family members

\_\_\_ (initial) **CONSENT TO TREATMENT**

I consent to the performance of those diagnostic procedures, examinations and rendering of treatment by the dental provider and their designated dental office staff as is deemed necessary in the dental provider's judgment.

\_\_\_ (initial) **AUTHORIZATION/ASSIGNMENT/FINANCIAL RESPONSIBILITY**

I authorize the release of any dental information necessary to process an insurance claim on my behalf. I understand that I am financially responsible for all charges. I request that my dental insurance carrier make any payment directly to Mallard Creek Dental for services rendered to me. As a courtesy, my charges will be filed with my insurance carrier; however, I will be billed if the claim is denied or is not paid in a timely manner. Should my account become a collection problem, additional charges may be incurred.

\_\_\_ (initial) **AFTER-HOURS APPOINTMENTS**

If a patient has a dental need that cannot wait until regularly scheduled business hours, Mallard Creek Dental reserves the right to charge an additional \$75 for an after-hours appointment. To schedule an after-hours appointment, please call the office number (512) 352-2922, and follow the instructions given on the voice message.

***My signature below indicates that I have read and am in agreement with all statements that I have initialed above.***

\_\_\_\_\_  
Signature of Patient (or guardian)

\_\_\_\_\_  
Date