

**EMERGENCY PATIENTS/
PATIENTS SEEKING TREATMENT**

I UNDERSTAND THAT TODAY'S VISIT IS NOT A CONSULTATION AND THAT I CAN SCHEDULE AN APPOINTMENT FOR A FREE CONSULTATION ANYTIME AFTER TODAY'S EMERGENCY VISIT.

PATIENTS WITH INSURANCE:

IF I HAVE DENTAL INSURANCE, I WILL BE RESPONSIBLE FOR MY INSURANCE POLICY'S DEDUCTIBLE AT THE TIME OF SERVICE. I WILL ALSO PAY ANY REMAINING BALANCE NOT COVERED BY THE INSURANCE.

SELF PAY PATIENTS:

IF NO INSURANCE IS INVOLVED, I AM EXPECTED TO PAY MY CHARGES AT THE TIME OF SERVICE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH THE FINANCE OFFICE.

AS AN EMERGENCY PATIENT AT AFDENT, I UNDERSTAND THAT I AM EXPECTED TO PAY \$150.00 TODAY AND FURTHER FINANCIAL ARRANGEMENTS WILL BE FULLY DISCUSSED WITH ME PRIOR TO INITIATING TREATMENT.

I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A 10% DISCOUNT IF I PAY IN FULL TODAY FOR ALL SERVICES RENDERED TODAY.

SIGNATURE OF PATIENT

DATE