



## **FINANCIAL POLICY**

Unless other financial arrangements have been preapproved, payment in full is due the day of treatment. Should a patient have dental insurance with assignment to Dr. Woolbert and Dr. Kacos, the estimated patient portion will be the amount due. Insurance payments without assignment will be sent to the insured with payment due in full.

### **Payment Options**

For your convenience we accept Cash, Check, ALL Major Credit Cards and CareCredit (Carecredit.com)

### **For Patients with Dental Insurance**

Dental insurance plans often pay less than the actual fee for service, therefore the patient or guarantor is the responsible party for all dental services provided. Dental insurance, in most cases, is a benefit with limitations and should not be expected to take care of all costs. Your dental benefits and how they relate to your specific needs will be explained in the written treatment plan provided to you prior to treatment.

## **AUTHORIZATION AND CONSENT**

### **General Consent to Treatment**

I agree and consent to a dental examination by Dr. Woolbert and Dr. Kacos. I understand that additional diagnostic procedures and dental treatments may be recommended and will be discussed with me prior to treatment. Also, I acknowledge that there are no guarantees, expressed or implied, as a result of any procedure or dental treatments performed.

### **Release of Information**

I authorize Dr. Woolbert and Dr. Kacos to release any information regarding my dental/medical history, diagnosis or treatment to third party payors and/or other health professional.

### **Assignments of Insurance Benefits**

I authorize and request my insurance company to pay my benefits directly to Dr. Woolbert and Dr. Kacos.

I understand and will comply with the office **Financial Policy**.

I understand and agree to the **General Consent to Treatment**.

I authorize the **Release of Information**.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of patient, parent or guardian

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Michael E. Woolbert, D.D.S. & Benjamin M. Kacos, D.M.D.

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