

Terms and Conditions for Dental Office Forms

Thank you for choosing South Coast Pediatric Dentistry. Please carefully review the following Terms and Conditions, which apply to all forms you complete as part of your dental care. By signing our office forms, you acknowledge that you have read, understood, and agreed to these Terms and Conditions.

1. Patient Information

You agree to provide accurate and up-to-date personal and medical information. This includes, but is not limited to, your:

- Full name, address, and contact details.
- Medical history, medications, and allergies.
- Insurance provider and policy details, if applicable.

Failure to provide accurate information may result in delayed or inappropriate treatment, and the practice is not liable for outcomes related to incomplete or inaccurate information provided by you.

2. Financial Policies

- Payment for services is due at the time of treatment unless prior arrangements have been made.
 - We accept the following forms of payment: Cash, credit cards, or financing options.
 - If you have dental insurance, we will assist you in processing claims. However, you are responsible for any co-payments, deductibles, and costs not covered by your insurance plan.
 - We do not accept checks.
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3. Cancellation and No-Show Policy

- We require at least 48 hours' notice for cancellations or rescheduling of appointments.

- Missed appointments or cancellations without adequate notice may result in a fee of \$50.
 - Repeated no-shows or late cancellations may result in the requirement of a deposit to book future appointments.
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4. Consent to Treatment

By signing our consent forms, you:

- Authorize the dental team to perform necessary examinations, procedures, and treatments as discussed with you.
 - Acknowledge that all procedures, including risks and alternatives, have been explained to you.
 - Understand that treatment plans are estimates and that unforeseen circumstances during treatment may require changes or additional procedures.
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5. Privacy and Data Use (HIPAA Compliance)

- Your personal and medical information will be handled in compliance with HIPAA regulations to protect your privacy.
 - Your information may be shared with your insurance company, referring doctors, or specialists as necessary for your care.
 - You may request a copy of our full Privacy Practices at any time.
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6. Patient Responsibilities

- You agree to follow post-treatment care instructions provided by our dental team.
 - You are responsible for updating the office with any changes to your medical history, insurance, or contact details.
 - Respectful behavior toward our staff and other patients is expected at all times.
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7. Emergency and After-Hours Care

- Our office provides guidelines for emergency care. If you experience a dental emergency outside of office hours, please call 9-1-1 or visit the nearest emergency facility.
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8. Refunds and Warranties

- Refunds for prepaid services will be handled on a case-by-case basis and may be subject to administrative fees.
 - Certain treatments (e.g., crowns, implants, or dentures) may include warranties. Warranty terms will be outlined during your treatment discussion and require adherence to follow-up and care instructions.
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9. Limitation of Liability

The dental office and its staff will provide care in accordance with industry standards. However, we are not liable for complications resulting from:

- Non-compliance with post-treatment instructions.
 - Delayed disclosure of medical conditions or history.
 - Treatments performed by another provider without our referral.
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10. Amendments to Terms and Conditions

We reserve the right to update or modify these Terms and Conditions at any time. The latest version will be available upon request.

Acknowledgment and Agreement

By signing our forms, you acknowledge that you have read and understood these Terms and Conditions and agree to abide by them. If you have any questions or require clarification, please ask a staff member before signing.