

Deerfield Dentistry, LLC  
Erik S. Atkinson, DDS  
5530 Windward Parkway, Suite 410  
Alpharetta, GA 30004  
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Office Policy and Procedures  
Effective 10/03/2019

I voluntarily and knowingly request and consent to the dentist and his clinical team taking any necessary x-rays, photos, or study models to enable complete diagnosis and treatment.

I understand that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the services, treatments, procedures and/or diagnostic methods that have been recommended.

I understand and acknowledge that I am fully and completely responsible for the payment of all costs associated with the services, treatments, procedures and/or diagnostic methods performed and utilized by the dentist and others. I acknowledge that any insurance coverage or managed care benefit that I may have is based on a contract between my insurance company or managed care company and me, my spouse and/or employer. The dentist is not a party to this contract and the services, treatments, procedures and/or diagnostic methods are provided to me. Therefore, I acknowledge that I am fully responsible for the payment of all sums owed to the dentist for services, treatments, procedures and/or diagnostic methods provided to me. As a courtesy to me, the dental office will bill my insurance company or managed care company and I acknowledge that I will remain liable for any and all amounts not paid by the insurance company or managed care company for any reason (including but not limited to the insurance company or managed care company declining coverage after initially approving it) or if the insurance company or managed care company fails for any reason to reimburse the dentist. I acknowledge that it is my responsibility to provide the dentist with my current insurance or managed care information and any changes thereto.

I understand that due to the increased cost of billing services, payment is expected the day of service for the first appointment unless an alternative payment plan has been arranged. All major credit cards (Visa, MasterCard, and American Express) are accepted as payment as well as CareCredit, a medical/dental credit card. Personal checks are also accepted; however your account will be charged \$50.00 for any returned checks. Any account balances that remain unpaid for 90 days may be referred to a collection company or attorney. In the event that any unpaid balance is referred for collection, I agree to be responsible for all costs and reasonable attorney's fees incurred in connection therewith.

I consent to the dentist's use and disclosure of my health information to my insurance company or managed care company and any agent thereof. I hereby assign to the dentist all of the insurance and managed care benefits due to me for the services, treatments, procedures, and/or diagnostic methods provided to me and I authorize my insurance company and/or managed care company to make payment directly to the dentist for the costs associated therewith.

As a courtesy to all our patients, we ask that you arrive on time for your appointments as this time has been reserved just for you. After 15 minutes past your appointed time, your reservation may be cancelled, or your treatment may not be completed at that visit.

We request a 48-hour notice prior to appointment if you have to reschedule. Those appointments with less notice are subject to an office visit charge of \$30.00.

If you are an adult patient being seen for an appointment, we ask that you make child care arrangements for small children and infants, if you bring the child with you.

State law requires a parent/guardian to be present during the entire appointment for children 16 and under.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_