



Patient Treatment Consent/Agreement

Consent to Treatment

The undersigned consents to radiographs (x-rays), laboratory procedures, anesthesia, diagnostic tests, dental treatment, or other procedures rendered to the patient under the supervision of dental faculty. Although the undersigned may elect not to undergo certain specific procedures, without adequate diagnosis or treatment plan the College may decline to treat the patient.

Privacy Practices

The College of Dentistry's Notice of Privacy Practices is available to the undersigned via our website or in paper form by request. The undersigned consents to the use and disclosure of his/her health information to carry out treatment and health care operations. In order to assist in the improvement of dental care, the undersigned authorizes representatives of the College of Dentistry to use all or part of the patient's record including written records, radiographs, photographs, videotapes, and laboratory reports for teaching so long as the patient is not identified by name in connection therewith. The undersigned has the right to revoke consent at any time by written notice; however, we may decline to treat the patient if this consent is revoked.

Patient Rights and Responsibilities

The undersigned hereby acknowledges that the College's Patient Rights and Responsibilities brochure is available to him/her via our website or in paper form.

Financial Agreement

The undersigned agrees, whether he/she signs as agent or as patient, he/she hereby individually obligates himself/herself to pay for treatment received at the College of Dentistry in accordance with the regular rates and terms of the College. Failure to pay for services in a timely manner may jeopardize the patient's access to routine dental care. In the event the patient's account is transferred to a bad debt collection agency the undersigned may be responsible for reasonable attorney's fees and collection expenses.

Minors and Dependent Adults

The parent (or legal guardian) of patients under the age of 18 (or dependent adults) must be registered as the guarantor; the guarantor's name and physical address is required. Either parent may be held responsible for payment of treatment rendered to their minor child or dependent adult. The College of Dentistry's policy is to bill the parent/legal guardian who presented the minor/dependent adult for treatment. The same applies to minors/dependent adults of divorced parents.

Insurance

The College of Dentistry submits to insurance as a courtesy to our patients; balances after insurance are billed to the guarantor. Ultimately, the guarantor is responsible for payment, regardless of the insurance carrier's consideration. Insurance claims for services by pre-doctoral and graduate students are submitted under the name of a faculty member, whose name will appear on insurance documents.

The undersigned authorizes the University of Iowa College of Dentistry to submit claims (on the patient's behalf) to insurance, Medicare, Medicaid, or other third party payer(s) and to disclose health information to the extent necessary to obtain payment. The undersigned also assigns benefits paid by insurance, Medicare, Medicaid, or other third party payer(s) directly to the University of Iowa College of Dentistry. In consideration of the dental services provided, the undersigned assigns to the College any benefits to which the undersigned may be entitled to receive, including without limitation any such benefits due or claims the undersigned has under or pursuant to a benefit plan governed under ERISA, 29 USC sec. 101 et seq.

I have reviewed the College of Dentistry Financial Policy as stated above and I understand and accept responsibility of cooperating with these policies. I understand that I will be responsible for financial balances resulting from treatment received that is not paid by my insurance company, Medicare, Medicaid, or any third party agency. My signature acknowledges that I understand and accept the above College of Dentistry agreement.

Signed: _____

Date: _____

Printed: _____

Relationship to patient: _____