NOVA AGHBASHIAN D.D.S
Cosmetic, Implant and General Dentistry

CONSENT FOR TREATMENT & FINANCIAL AGREEMENT

1. I hereby authorize doctor or designated staff to take x-ray, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of (name of patient) _____'s dental needs.
2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.
4. I give the consent to the doctor's or designated staff's use and disclosure of any oral, written or electronic health records that are individually identified as mine for the purpose of carrying out my treatment, payment and health care operations. I understand that only minimum amount of information necessary to provide quality care will be used or disclosed and that a notice fully outlining the protection of my personal health information is available.
5. Upon informed of the treatment plan and associated fees, I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.
6. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payment are not received by agreed upon dates, I understand that a 2% late charge (18%APR) may be added to my account. If required, I also understand a check of credit history may be made.
7. Finally, I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Dr. Nova Aghbashian DDS.

Patient signature _____ _____ Date _____ Witness _____

Parent / Responsible Party's Signature _____ Relationship to patient _____

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PATIENT INFORMATION

Patient

Patient's Name: _____ Birthday: _____/_____/_____

Residence Address: _____

Street (No P.O Box please) Apt/Unite City State Zip Code

Social Security #:_____-_____-_____ Driver's License#: _____ State Issuing DL: _____

Work Phone: (____) _____ Ext:_____ Cellular: (____) _____ Home Phone: (____) _____

Employer's Name:_____ Occupation: _____

Employer's address: _____

Street (No P.O Box please) Apt/Unite City State Zip Code

Email address: _____ @ _____

Financially Responsible Person (IF Not Patient)

Name: _____ Birthday: _____/_____/_____

Relation to patient: ☐ Parent ☐ Legal Guardian ☐ Other:_____

Residence Address: _____

Street (No P.O Box please) Apt/Unite City State Zip Code

Social Security #:_____-_____-_____ Driver's License#: _____ State Issuing DL: _____

Work Phone: (____) _____ Ext:_____ Cellular: (____) _____ Home Phone: (____) _____

Employer's Name:_____ Occupation: _____

Employer's address: _____

Street (No P.O Box please) Apt/Unite City State Zip Code

Insurance

Primary Insurance Carrier: _____Phone: (____) _____

Employee's Name: _____ ID#:_____Birthday:_____/_____/_____

Last First Initial

Employer's Name:_____ Group #: _____

Employer's address: _____

Street (No P.O Box please) Apt/Unite City State Zip Code

Secondary Insurance Carrier: _____Phone: (____) _____

Employee's Name: _____ ID#:_____Birthday:_____/_____/_____

Last First Initial

Employer's Name:_____ Group #: _____

Employer's address: _____

Street (No P.O Box please) Apt/Unite City State Zip Code

Referral Source

How did you learn about us:

☐ yellow page ☐ Insurance Booklet ☐ Physician ☐ Other dentist ☐ Friends ☐ Business Associate ☐ Existing patient ☐ Others: _____

Name of Referral Source: _____ ***Thank You !!***