

# CHURCHWELL PEDIATRIC DENTISTRY

1099 Poplar View Lane North  
Collierville, Tennessee 38017

Caroline H. Churchwell, D.D.S.

Molly M. Churchwell, D.D.S.

PATIENT'S NAME: \_\_\_\_\_

I, being the parent or guardian of the above minor patient, hereby authorize and request the performance of dental services for this patient and the use of whatever procedures either Dr. Caroline Churchwell or Dr. Molly Churchwell may deem necessary during treatment.

I understand that either of the Drs. Churchwell and such assistants as they may designate to treat the above-mentioned patient will use restorative, oral surgery, and patient management techniques that are reasonable, necessary, and advisable.

I also authorize the administration of anesthesia or analgesics which may be deemed advisable by either of the Drs. Churchwell.

I authorize release of any information concerning my child's treatment for the purpose of insurance benefits.

I authorize release of any information concerning my child's treatment to another dentist or physician.

I hereby authorize payment of insurance benefits to the dentist otherwise payable to me.

I understand that the treatment plan to be presented, along with the fees outlined, could change depending upon the time elapsed since the initial examination and the extent of the dental pathology. Furthermore, by signing this, I agree to be responsible for full payments of all charges for dental services performed on the above name patient.

## FINANCIAL POLICY

- A. Payment is expected when services are rendered either by cash, check, credit card or dental insurance.
- B. Assignment is accepted on dental insurance with the patient paying their estimated portion at the time of service. You will be billed for any balance not reimbursed by your dental insurance. We will also reimburse you in case of any overpayment.

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

Relationship: \_\_\_\_\_

## APPOINTMENTS

We will attempt to give you an appointment that is convenient for you, but it is usually better to see younger patients in the morning. We try to confirm appointments the day before and would appreciate if you could give us the best number to contact you. If you are unable to keep your appointment, we request that you give us 24 hours notice so someone else may use your time. We reserve the right to charge a fee for appointments broken with no attempt to contact the office.

THANK YOU FOR ALLOWING US TO PROVIDE YOUR CHILD'S DENTAL CARE. WE APPRECIATE THE REFERRAL OF YOUR FAMILY AND FRIENDS.