



PATIENT SERVICES AGREEMENT

This agreement outlines the terms under which dental services are provided.

By signing below, I acknowledge and agree to the following:

1. I understand that dental treatment recommendations are based on clinical findings and professional judgment. No guarantees have been made regarding the outcome of any dental procedure.
2. I understand that I am financially responsible for all services provided, including any portion not covered by dental insurance.
3. I understand that dental insurance is a contract between me and my insurance provider, and not between the insurance company and OC Dental Center. Insurance estimates are not a guarantee of payment.
4. I agree to pay for services at the time they are rendered unless other arrangements have been approved in advance.
5. I understand that missed appointments or late cancellations may be subject to a fee.
6. I understand that treatment plans and fees may change if additional conditions are discovered during care.
7. I understand that I have the right to ask questions regarding my treatment, fees, and alternatives prior to proceeding.

By signing below, I acknowledge that I have read and understand this Patient Services Agreement and agree to these terms.

Signature: _____

Printed Name: _____

Date: _____