Dental insurance waiver consent form

I understand that [Dr. Name]'s first priority has been to explain the best treatment options available to me regardless of my expressed financial means or the limitations of my dental insurance plan. I understand that a "full-arch immediate-load dental implant procedure" is among the best treatment options available to me, as recommended by [Dr. Name].

I understand that [Dr. Name] reserves the right not to perform the AOX procedure for me if the required clinical and/or financial requirements cannot be met. By agreeing to receive the AOX procedure at [Dr. Name]'s office, over alternative procedures that I consider to be less desirable, I acknowledge that the AOX procedure may require the use of one or more CDT dental procedure codes and applicable fees, that may not coincide with the limited treatment options offered by my Indemnity, PPO or HMO dental insurance plan.

I accept full responsibility for all fee-for-service charges for the TAOX procedure, as outlined in writing by [Dr. Name]'s office. I understand that [Dr. Name]'s office will do everything possible, within their legal limits, to help me maximize my annual dental insurance benefits through the use of all CDT dental procedure codes that apply to my specific treatment needs.

Any payment received by [Dr. Name]'s office, from my dental insurance company, in excess of prior full payment of the AOX procedure, will be promptly refunded to all appropriate parties.

I have read and understand the information contained in this consent form with respect to the AOX dental implant procedure and my dental insurance plan.

I have had the opportunity to ask any questions I may have in connection with the treatment and fees, and to discuss my concerns with [Dr. Name] and staff. I hereby consent to the performance of the AOX dental implant procedure irrespective of my Indemnity, PPO or HMO dental insurance plan.

Patient _____ Date _____ time_____

Parent or Guardian (if patient is a minor) _____ date_____ time_____

Witness_____ date_____ time_____