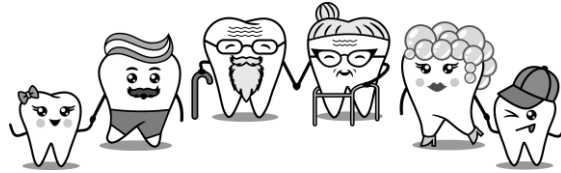


Dr Ivana Bugwandeem Inc



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Shop 2, 33 Overport Drive, Durban, 4091

Email: drivanabugwandeem@gmail.com

www.drivanabugwandeem.com

Consent Form

We welcome you and your family to Dr Ivana Bugwandeem Inc. We look forward to providing you with top-notch quality dental care at affordable prices. To provide you with the most beneficial and comprehensive service and care, we request you to review and complete our office and financial policy consent form. We will be happy to answer any questions you may have regarding the proposed treatment and available financial options. We strive to keep you informed and involved with your treatment as much as possible. You need to be aware that:

- We will always do our best to help you to maximize your benefits.
- Although we file claims for you as a courtesy, your dental medical scheme cover is a contract between you, your employer and your medical scheme or insurance company. We are not a party to that contract.
- Your treatment plan is individually tailored, and is not based on your medical scheme benefits/plan or dental insurance benefits or lack of benefits.
- Not all services are necessarily covered by your medical scheme benefits or insurance cover. Some medical schemes arbitrarily select certain services they will not cover.
- It is your responsibility to thoroughly understand the coverage and exceptions of your medical scheme plan or particular policy. Coverage issues can only be addressed by you or your employer or group plan administrator. We cannot act as a mediator with the medical scheme or your employer.
- Our staff is trained to help you with questions you may have relating to how your claim was filed, or regarding any additional information your carrier may need to process your claim. Please, ask if you have any questions.
- As a courtesy to all of our insured patients, we will file your medical scheme claims
- Your claim will be filed immediately, and benefits are expected to be paid within 30 days. In special circumstances, a particular medical scheme may pay you directly instead of this practice. In such cases any payments made directly to you by your medical scheme on unpaid balances should be forwarded immediately to our office so that your account may be credited accordingly.
- The filing of an insurance claim does not relieve you of timely payment on your account. If the claim is not cleared by the scheme 30 days, the unpaid portion will automatically become "self-pay" and a statement will be issued to you for the unpaid portion. You are responsible for any amounts your medical scheme chooses not to pay for whatever reason.
- Please feel free to contact your medical scheme regarding unpaid benefits. We will gladly provide you with all pertinent information.

I understand and accept the financial policy above listed above and have had any and all questions answered to my satisfaction.

I understand that I am financially responsible for any and all charges of dental treatment and incurred fees, whether or not paid by medical scheme or insurer and I agree to pay such charges in full. I also hereby authorize the release of pertinent medical/dental information to the medical scheme. This order will remain in effect until revoked by me in writing.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Treating Dentist

Signed: _____ Date: _____
Witness