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General Dentistry

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ACKNOWLEDGEMENT AND CONSENT FOR CROWNS, BRIDGES AND VENEERS

I understand that sometimes it is not possible to match the color of natural teeth with artificial teeth, although every effort will be made to ensure my satisfaction. I further understand that I will be wearing a temporary crown(s), which is designed to come off easily and I must be careful that it is kept on until the permanent crown is delivered. I realize the final opportunity to make any changes (shape, color, fit, size) will be **before** cementation. It is also my responsibility to return for permanent cementation **within 45 days** from tooth preparation. Excessive delays may allow for tooth movement. This may cause the crown to be ill-fitting and necessitate a remake of the crown or bridge. I understand that I will be charged a new crown fee if a remake is necessary due to my delaying permanent cementation. I agree to address any questions or concerns about my procedure with Dr. Linkous before the work begins.

Every attempt is made to quote you with an accurate estimate of your out of pocket. However, because of the ever-changing reimbursement rates, insurance disclaimers, negotiations between employers and insurance companies, it is almost impossible to quote an amount with 100% accuracy. The only way to precisely determine what your insurance company's reimbursement rates are is to submit a pre-determination prior to any work being done. These are sent by mail and could take anywhere from 4-6 weeks for your insurance company to process. (Please understand that the insurance company will still place a disclaimer on the pre-determination, stating quoted benefits may not be accurate and can only be determined after the claim for actual work performed is received.) Please speak to the front office staff before work begins if you would like to have a pre-determination sent on your behalf. We will have to delay any appointments until we have received the processed quote. Otherwise, we will estimate your out of pocket for you as accurately as possible with the information supplied to us by your insurance company. Any unpaid amounts will become your responsibility regardless of whether a pre-determination was processed or not.

Patient Name: _____ Tooth #: _____

The Estimated Out of Pocket for the above patient is \$_____. A payment of at least \$_____ will be required at the crown prep appointment. The remainder will be due on the second appointment (permanent crown seat).

Patient/Guardian Signature

Date

