

Ukiah

FAMILY DENTISTRY

Matthew Jeffers D.D.S. Kevin Jeffers D.D.S.

Office Procedures

1. I authorize the following person(s), which means the doctor and staff may speak freely to the named personal representative regarding all my or my children(s) protected health, medical, dental, treatment and billing information.

Name	Relationship
_____	_____
_____	_____
_____	_____

2. I authorize Ukiah Family Dentistry to examine and provide dental treatment. I authorize my insurance company to pay by check made out directly to Ukiah Family Dentistry. I authorize Ukiah Family Dentistry to release any dental/medical or incidental information that may be necessary for either medical/dental care or in the processing of applications for financial benefit. It is Ukiah Family Dentistry's procedure to share Protected Health Information with labs and consulting physicians, dentists, insurance companies, trust funds and hospitals. We will call the pharmacy of your choice regarding your prescriptions. We will only exchange minimum necessary Protected Health Information for each transaction.
3. I authorize Ukiah Family Dentistry or designated staff to take x-rays, study models, photographs and other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis. Upon such diagnosis, I authorize the Doctor to perform all recommended treatment, which is mutually agreed upon by me. I agree to the use of anesthetics, sedatives and other medications necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.
4. _____ Effective July 1, 2025, Senate Bill No. 1061 Chapter 520 states: " A holder of this medical debt contract is **initial** prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable." This means if you fail to pay us and the account is assigned to our collection agency, they can **NOT** put this on your credit report.
5. _____ **I understand that payment is due at the time of service.** I assume full responsibility for any balance **initial** due. I understand it is my responsibility to know all rules and restrictions of my insurance policy, to know which, specialists and providers are assigned to me according to my insurance policy rule and that **KM Jeffers Dental Corporation, dba Ukiah Family Dentistry, is not contracted with any insurance company.**
6. I have received the Dental Materials Fact Sheet dated May 2004.
7. _____ A broken appointment is a loss to everyone. Please give **48 business hours'** notice if you are unable to **initial** keep your appointment. You may be charged for a missed appointment.
8. _____ The Limited Warranty is available upon request. Failure to have your recommended **initial** clinical hygiene appointments and exams voids the limited warranty.

Signature of Patient/Guardian: _____ Date: _____