



PAYMENT FOR SERVICES RENDERED DISCLOSURE

At In-House Dental Care, we are determined to charge fair and reasonable fees for our unique service. We work on a fee-for-service basis and payment is required in advance. We are not a provider of Medical, Medicaid, HMO, or DMO, and we are not contracted with any PPOI plans. If you do have PPO dental insurance, we will file your dental claim on your behalf as a courtesy and have the insurance reimburse you directly.

I grant my permission to you or your assignee, to telephone me at home or at work to discuss matters related to this form.

I have read the above conditions of treatment and payments and agree to their contents.

X _____

Print Name of Responsible Party

X _____

Signature of Responsible Party

_____/_____/_____

Date