

Dr. Richard W. Van Gorp

Consent for Services

Patient full name: _____

As a condition of your treatment by this office, financial arrangements must be made in advance. Patients are responsible for the cost incurred for their care. Financial arrangements must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements must be paid for at the time services are performed.

Patients who carry dental/medical insurance understand that all dental/medical services furnished are charged directly to the patient and that he or she is personally responsible for payment. Dental/medical insurance information will be retained on file, and this office will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account if possible. However, this dental office cannot render services on the **assumption** that our charges will be paid by an insurance company.

A service charge of 1½% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days unless previously written financial arrangements are satisfied.

I understand that the fee estimate listed for dental/medical care can only be extended for a period of twelve (12) months from the date of treatment plan.

In consideration for the professional services rendered to me, I therefore agree to pay the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered. I further agree that the reasonable value of said services shall be as billed unless objected to, by me, in writing within the time for payment thereof. I further agree that a waiver of any breach of my time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

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

I have read the above conditions of treatment and payment and agree to their content.

Signature of guarantor of payment/responsible party

Date