

A Brush Above Family Dental
3458 W. Fullerton
Chicago, IL 60647
(773) 276-0300

Assignment and Release

I, undersigned, have insurance with _____ and assign directly to Dr. _____ all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all information submissions whether manual or electronic.

X _____
Signature date

Minor/Consent

I, being the parent or guardian of _____ do hereby request and authorize the dental staff to perform necessary dental services for my child, including but not limited to x-rays, and administration of anesthetics which are deemed advisable by the doctor, whether or not I am present at the actual appointment when the treatment is rendered.

X _____
Signature date

Financial Agreement

I acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents/guardians are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges not covered by insurance

X _____
Signature date

I acknowledge that if a payment plan agreement has been arranged with the office manager, that payment must be made in full at the time the work is completed.

X _____
Signature date

I acknowledge that I must provide at least 24 hour advance notice if I cannot keep my appointment. If cancellation is done less than the above-mentioned time, we reserve the right to charge a \$50.00 cancellation fee per hour. Which must be paid before my next Appointment.

X _____
Signature date