

A Brush Above Family Dental
3236 w. Fullerton
Chicago, IL 60647
(773) 276-0300

Assignment and Release

I, the undersigned, have insurance with _____ and assign directly to Dr. _____ all benefits, if any, otherwise payable to me for services rendered. 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, 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 charged 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