

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance with _____
and assign directly to Dr. Hubler 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 payments of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

DATE

SIGNATURE

FINANCIAL AGREEMENT

I acknowledge that payment is due at 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.

DATE

SIGNATURE

TERMS AND CONDITIONS

The undersigned hereby authorizes Dr. Hubler and staff to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Hubler to make a thorough diagnosis of patients dental needs. I also authorize Dr. Hubler to perform any and all forms of treatment, medication and therapy that may be indicated in connection with (name of patient) _____ and further authorize and consent that Dr. Hubler choose and employ such assistance as she deems fit. I also understand the use of anesthetic agents embodies a certain risk. I understand that responsibility for payment for Dental Services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. I further understand that a 1 ½ % finance charge (18% annually) will be added to any balance over 60 days. In the event of default I (we) promise to pay legal interest on the indebtedness, together with collection costs and reasonable attorney fees as may be required to effect collection on this note.

DATE

SIGNATURE