



5760 Hayne Blvd.  
New Orleans, LA 70126  
(504) 241-8457

### Consent for Treatment & Release of Information

I hereby consent to and authorize dental treatment by **Dr. K. Richard DuBois II, Dr. Kenneth R. DuBois III, Dr. Kim-Hanh Nguyen, Dr. Julia Trieu** and/or the hygienists **Heather Ludwig, Anne DuBois** and I hereby authorize **Dr. K. Richard DuBois II, Dr. Kenneth R. DuBois III, Dr. Kim-Hanh Nguyen, and/or Dr. Julia Trieu** to release any dental or incidental information that may be necessary for either dental care or for processing applications for payment of charges.

I hereby authorize direct payment of insurance benefits to **Dr. K. Richard DuBois II, Dr. Kenneth R. DuBois III, Dr. Kim-Hanh Nguyen** and/or **Dr. Julia Trieu** for services rendered by him/her in person or under his/her supervision.

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Signature of Patient/Guardian

Date

### Financial Agreement

I understand that any dental services received were rendered to me and not to my insurance company. If my dental insurance refuses to pay for services received I will be held responsible for payment and/or any balance leftover. If my insurance company determines that I owe a co-pay and/or deductible, I am responsible for payment of such.

**I understand that I will be charged an 18% annual interest fee if I owe an account balance that is over 90 days old.**

**I further understand that if it is necessary to turn over this account to a collection agency, I will be held responsible for the balance due on the account as well as all collection and/or attorney fees.**

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Signature of Patient/Guardian

Date