



K. Richard DuBois, D.D.S.
Kim-Hanh Nguyen, D.D.S.
Annie Muscat, D.D.S.
Anne DuBois, D.D.S.

Consent for Treatment & Release of Information

I hereby consent to and authorize dental treatment by **Dr. K. Richard DuBois II, Dr. Kim-Hanh Nguyen, Dr. Anne DuBois**, the hygienist **Amanda Helm** and I hereby authorize **Dr. K. Richard DuBois II, Dr. Kim-Hanh Nguyen and/or Anne DuBois** 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. Kim-Hanh Nguyen** and/or **Dr. Anne DuBois** for services rendered by him/her in person or under his/her supervision.

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.

Signature of Patient/Guardian

Date