

GUARANTOR INFORMATION

Name	Social Security Number	Date of Birth	Employer Name and Phone Number
Spouse Name	Social Security Number	Date of Birth	Employer Name and Phone Number
Physical Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code

COMMITMENT TO PAY

In the event the patient has dental insurance coverage, it shall be the sole responsibility of the patient to obtain benefit information from his/her insurance carrier for treatment provided to the patient. All employees of Dentistry by Design shall be held harmless by the patient for any inaccuracy or omission of information provided to this office by the patient's insurance carrier. The patient is responsible for all account balances remaining after final payment of insurance benefits and the patient shall be responsible for any and all expenses associated with the collection of their bill. A monthly finance charge of 1½% will be applied to balances over 30 days old. I certify that I have read and understand the above, and have truthfully answered all questions, including patient information and employment. I will not hold my dentist or any other member of Dentistry by Design's staff, responsible for any errors or omissions that I may have made in the completion of this form. I hereby consent and authorize Dentistry by Design and staff to perform any and all treatment for the patient herein as the members of Dentistry by Design seems prudent and necessary in the dental care of said patient.

Dentistry by Design does request payment in full for your portion of treatment at the time of service. We accept cash, personal checks, major credit cards, and Care Credit. _____ **INITIAL**

You hereby authorize this office or its agents to contact you at any of the telephone numbers listed on any and all forms. _____ **INITIAL**

I have read, understand, and accept the terms of the above outlined policies for insurance handling and financial commitments that I may incur as a result of treatment and service at Dentistry by Design.

Printed Name	Signature	Date
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