

Susan Charles, D.D.S.
Foundations of Health Dental Care
3815 Beck Road
Saint Joseph, MO 64506
816-233-0142

RELEASE

I authorize Susan Charles, DDS to perform diagnostic procedures and treatment as may be necessary for proper dental care for me or my child.

I authorize the release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits,

I authorize release of any information concerning my (or my child's) health care, advice and treatment to another dentist.

I hereby authorize payment of Insurance Benefits directly to Foundations of Health Dental Care otherwise payable to me if my insurance carrier takes assignment of benefits.

I understand that my dental care Insurance carrier or payor of my dental benefits may pay less than the actual bill for services. I understand I am financially responsible for payments in full of all accounts. By signing this statement, I revoke all previous agreements to the contrary and agree to be responsible for payment of services not paid, in whole or in part by my dental carrier or payer. Estimated co-pays are due at the time of service.

All court fees, attorney's fees, or other fees necessary to collect this account are payable by me.

A photocopy of this document may act as an original.

SIGNATURE _____ DATE _____
<patient full name>

PHOTO RELEASE

I authorize and consent to allow my name and pre—treatment photographs to be shown to a general audience of professionals for educational purposes.

SIGNATURE _____ DATE _____
<patient full name>

TRUTH AND LENDING STATEMENT

I understand all payment is due at the time of service. Any balance 60 days or over will be subject to 1.5% per month (APR 18%) finance charge.

SIGNATURE _____ DATE _____
<patient full name>