

Family IMPLANT & RECONSTRUCTIVE DENTISTRY

Richard V. Grubb, D.D.S.
General Dentist
Board Certified in Implant Dentistry

Diplomate
American Board of
Oral Implantology

Diplomate
International
Congress of Oral
Implantologists

Fellow
American Academy
of Implant Dentistry

Master
Academy of General
Dentistry

Fellow
International
College of Dentists

Fellow
American College
of Dentists

Fellow
Pierre Fauchard
Academy

CONSENT FORM

I understand that all responsibility for payment of dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless other arrangements have been made. In the event payments are not received by the agreed upon dates, I understand that a 2% finance charge (24% APR) may be added to my account. I also agree that in the event my account is ever referred for collection I will agree to pay all legal fees associated with this activity.

I consider it my responsibility as a patient to be fully informed about my insurance benefits and I understand that in order to receive the best quality of care my recommended treatment will never be dictated by my dental insurance coverage. However, I would like this office, as a courtesy, to complete all necessary forms to expedite my dental claims, so I can maximize my insurance benefits.

I understand that due to the fact that appointment times are reserved for each patient, I may be charged at least \$40.00 per appointed hour for broken appointments without 48 hours prior notice.

Signature

Date