



FAMILY DENTISTRY

MARIA B. MENDRINOS, D.D.S.
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FINANCIAL AGREEMENT & RELEASE OF INFORMATION

AUTHORIZATION FOR TREATMENT

I hereby authorize treatment by Bredologos Family Dentistry and/or affiliated medical staff member(s) on behalf of myself and my minor children, including stepchildren.

The possibility exists (during treatment) for health care workers to become directly exposed to my blood or bodily fluids. In the event of such exposure, State law requires a sample of my blood to be tested for the presence of infectious diseases.

RELEASE OF INFORMATION

I hereby authorize the release of any and all medical and/or change information as is necessary for reimbursement from any third party or governmental agency involved in payment of my treatment including but not limited to Insurance Payors, HMOs, Workers Compensation carriers, and Tricare. I also authorize the taking and use of photographs. I understand these photos will become part of my dental record. _____ (initials)

I hereby authorize the release of the Physician Request for Administration of Medication and give permission for that request to be faxed to the school nurse or daycare center at which my child is enrolled. _____ (initials) *

OBLIGATION OF PAYMENT

I direct and assign payment from any insurance coverage, workers compensation, governmental agency or disability benefits, and assignment of proceeds from all settlements, judgments or verdicts in favor of the undersigned from third party liability claims for injuries treated hereunder, in an amount equal to the full amount of all charges (including attorney's fees, collection agency fees, costs and interest) due to hereunder is to be made out to Bredologos Family Dentistry. I understand that if I have insurance, my insurance policy is a contract between me and my insurance company. I am responsible to Bredologos Family Dentistry for any charges not covered by my insurance, including but not limited to co-payments, deductibles and fees for non-covered services that I am made aware of before my treatment. The patient and the undersigned guarantor are primarily liable for payment of the Patient's account. It is their sole responsibility to comply timely with all requirements, and supply all information and documents necessary to obtain payment of benefits by any third party or governmental entity as listed above.

PAST DUE BALANCES AND PROCEDURES FOR COLLECTION

Any balance remaining on the account after any insurance pays will be due upon receipt of my statement. Charges for non-covered services are due at the time of service.

The undersigned agree(s) to pay all charges made by dental providers at their current rate. The obligation of each undersigned is an original, direct and independent promise to pay based on the exclusive credit of each, and not a collateral or contingent promise to answer for the debt of another. If payment is not made, I understand that Bredologos Family Dentistry may take action to collect its fees. I agree to pay all costs incurred by Bredologos Family Dentistry collecting fees, including actual attorney's fees. The return check fee is \$30.00.

ACKNOWLEDGMENTS

I the Patient/Guardian acknowledge that I was provided with a Bredologos Family Dentistry Rights & Responsibilities form and given an opportunity to ask questions about the information provided in the form.

NOTICE OF PRIVACY PRACTICES. Effective April 14, 2003, I acknowledge that I have received, have previously received, or have been offered but declined to receive the Bredologos Family Dentistry Notice of Privacy Practices. _____ (initials) *

In providing my E-mail address, I authorize Bredologos Family Dentistry to use the address for the purpose of communicating health-related information or services. I acknowledge that I may opt-out of such communication at any time and my E-mail information will not be shared with any organization outside of Bredologos Family Dentistry and its affiliate companies.

Thank you for selecting Bredologos Family Dentistry as your Dental practice.

Patient name (Please Print) _____

Patient/Guarantor # _____ Date # _____

Witness _____ Date _____