



RESPONSIBILITY AND CONSENT STATEMENT

I hereby authorize and request the performance of dental services for myself and for my dependents listed below.

	AGE	
	AGE	
	AGE	
	AGE	
	AGE	

I also give my consent to advisable and necessary dental procedures, medications, or anesthetics to be administered by the attending dentist or by supervised staff for diagnostic purposes or dental treatment. After confirmation of my insurance coverage, I will be expected to meet my deductible and pay my percentage, if any, which is not covered by my insurance. Anything not covered by my insurance is expected to be **paid for at the time of services.**

I understand and acknowledge that I am financially responsible for the services provided for myself and the above named, regardless of insurance coverage. Bollmeier Dental will file my insurance **as a courtesy** and we will do our best to maximize your dental insurance benefits, but I acknowledge that the final responsibility for knowing my **insurance information is my responsibility.** I agree to pay all costs of collection, including, but not limited to, reasonable attorney's fees and a monthly finance charge of 1.5% interest on any unpaid balance.

I hereby authorize Dr. Ellen Bollmeier, DMD, LLC to release any and/or all of mine and my family's dental records if requested by myself or future medical personnel.

Appointments and Cancellations

We feel that our patient's time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, expect the same courtesy from you.

We ask that if you must change an appointment, please give us at **least 48 hours notice.** This courtesy makes it possible to give your reserved room to another patient who would like it. **THERE IS A CHARGE FOR MISSING SCHEDULED APPOINTMENTS. Repeated cancellations or missed appointments will result in loss of future appointment privileges and increased missed appointment fees.**

Signature of Responsible Party

Date

Print Name

Relationship to other(s) named above