PARENT AND BILLING ACCOUNT INFORMATION

Father's Information

Father's Name_____

Home Address_____ City _____ Zip Code _____

Mailing Address (if different from above)_____ City _____ Zip Code _____

Home Phone (_____)_____ Work Phone (_____)_____ Cell Phone (_____)_____

E-mail _____ Driver's License # _____

Employer _____ Occupation_____

Social Security # _____ Birthdate_____

Do you have dental insurance coverage for your child? Yes _____ No _____

Plan Name _____ Phone (_____) _____

Address _____

Group # _____ Policy # _____

Name of friend or relative to contact in case of emergency.

Name _____ Phone (_____) _____

Mother's Information

Mother's Name_____

Home Address_____ City _____ Zip Code _____

Mailing Address (if different from above)_____ City _____ Zip Code _____

Home Phone (_____)_____ Work Phone (_____)_____ Cell Phone (_____)_____

E-mail _____ Driver's License # _____

Employer _____ Occupation_____

Social Security # _____ Birthdate_____

Do you have dental insurance coverage for your child? Yes _____ No _____

Plan Name _____ Phone (_____) _____

Address _____

Group # _____ Policy # _____

Name of friend or relative to contact in case of emergency.

Name _____ Phone (_____) _____

Do mother, father and child live together? Yes _____ No _____

Who does the child live with? _____

OUR OFFICE POLICY ON FEES AND FINANCIAL ARRANGEMENTS

It is our policy to discuss our fees and financial arrangement openly and honestly with you. Regardless of whether you have dental insurance or not, you are responsible for the full financial cost of dental treatment. Every effort will be made to estimate to the best of our ability the total cost of dental treatment.

Payment is expected as dental services are performed unless financial arrangements have been previously made with our office. For your convenience, we gladly accept personal checks and most major credit cards including VISA, Mastercard, and Discover. We also offer a dental charge card, CareCredit.

Please make every effort to keep your appointments. With children in school and parents at work everybody's time, including ours, is valuable. We make every effort to confirm your appointments. Since appointments are reserved there may be an office charge for a failed appointment or a short notice cancelled appointment.

The mouth, gums, and teeth are constantly changing due to the progressive nature of dental disease. The actual costs of dental treatment may differ from the estimate due to our treatment of this progressive dental disease. In the event the actual costs of dental treatment differ from the estimated costs, you will be responsible for any additional cost. Every effort will be made to notify you if this occurs.

If you have dental insurance, every effort will be made to estimate the portion of the total cost that may be covered by your dental insurance plan. If you wish, our office will process an insurance claim for payment of dental treatment payable directly to us. You will then pay only your portion as discussed on your financial arrangements plan. If you wish to process the insurance claim for payment yourself with payment coming directly to you, then you will be required to pay us for the entire cost of dental treatment as discussed on your financial arrangements plan.

A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

FINANCIAL RESPONSIBILITY

I acknowledge full responsibility for the payment of all services and agree that I will take the responsibility for any and all costs incurred by my failure to remit for services rendered.

Signed _____ _____ Date _____ Time _____

Parent/Legal Guardian — Parent/Legal Guardian Printed Name

FAMILY BACKGROUND

FATHER: _____

MOTHER: _____

CHILDREN:

(OLDEST) _____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

(YOUNGEST)_____ BIRTHDATE: _____

FATHER'S DENTIST: _____

MOTHER'S DENTIST: _____

DATE: _____