

Dr Erick Hallie

Dr Kathryn Cargill

## Northern Lakes Dental

### Consent Form and Payment Agreement

I, undersigned, hereby authorize Northern Lakes Dental to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. The Doctor will discuss with said patient the risks, options, and costs associated with the specific treatments, medications, and therapy indicated in connection with

(Name Patient) \_\_\_\_\_, at which point authorization to perform treatment, medication, and therapy would be given. I understand that Northern Lakes Dental will keep my records confidential under the HIPAA act, and will provide appropriate personal protection and infection control to all patients and staff members to prevent the transmission of any and all communicable diseases or viruses. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. I further understand that a 1.5% finance charge (18% annually) will be added to any balance over 90 days. In the event of default (We) promise to pay legal interest on the indebtedness together with such collection costs and reasonable attorney fees as may be required to effect collection of this note.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Responsible Party: \_\_\_\_\_

Social Security Number of Parent or Responsible Party: \_\_\_\_\_

Date of Birth of Parent or Responsible Party: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_