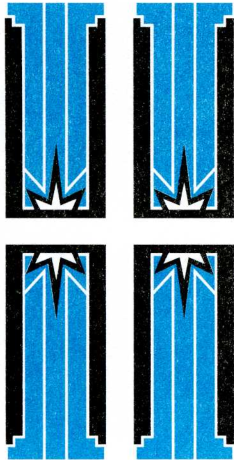

H. Gakavian, D.D.S., P.A.
Comprehensive Dentistry & Implant Prosthetics

Musgrove Medical Arts Center
2415 Musgrove Road #205
Silver Spring, MD 20904
301.236.0660

INSURANCE INFORMATION

Name of Insured:______________________________________Is insured a patient here?___Yes ___No
Last First

Insured Birth Date:____________________ ID#________________________________

Insured Employer Name:____

Patient's relationship to insured:______Self ______Spouse ______Child ______ Other

CONSENT FOR SERVICES

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the cost incurred in their care and financially responsibility on the part of each patient must be determined before treatment.

I understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient examination.

In consideration for the professional services rendered to me, or at my request by the doctor, I agree to pay therefore the reasonable value of said services to said Doctor or his assignee at the time services are rendered or within (5) days of billing if credit shall be extended. I further agree that the reasonable value of said service shall be as billed unless objected to by me in writing within the time for payment thereof. I further agree that a waiver of any breech of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit were instituted hereunder.

I grant my permission to you or your assignee, to telephone me at home, work or by cell to discuss matters related to this form.

I have read the above conditions of treatment and payment and agree to their content.

____ ______________________________
Signature of patient, parent or guardian Date

____ ______________________________
Signature of guarantor for payment/responsible party Date

IF STUDENT

College Name ____

Address ____
Street City State Zip

Check Attendance Status: Full-Time_______ Part-Time_______