

Financial Responsibility Acknowledgement

Patients Name _____

After your complimentary exam, if you are ready to begin treatment, you will be instructed to go to Collin County Imaging for your orthodontic records and a 3-D scan. These are needed for the doctor to complete his diagnosis and treatment planning of your case. There will be a charge applied to your account at the time the orthodontic records are received at North Texas Orthodontics Associates. If your orthodontic treatment is scheduled to start within 30 days from the date the x-rays were taken, this charge is included in your total orthodontic case fee.

I understand that there is no charge for the initial exam. When I pursue orthodontic treatment with North Texas Orthodontic Associates and have my orthodontic records taken by Collin County Imaging, I understand that I will be responsible for charges incurred.

Responsible Party Signature

Date

Print Responsible Party Name

Authorization to release information/ Assignment of Insurance Benefits:

I authorize the release of information to my treatment and hereby authorize payment directly to the dental group/imaging group if the insurance benefits otherwise payable to me.

Responsible Party Signature