



Summary of Informed Care

1. I confirm that I have read and understand the:
 - Financial Policy
 - Privacy Policy
 - Consent for Treatment and Warranty of Treatment

2. I will:
 - Allow University Family Dental, PC, to be assigned insurance benefits for services provided
 - I understand that I am responsible for payment of fees not covered by my insurance plan in a timely manner
 - I will keep University Family Dental, PC, up to date on any changes that may occur in my health, insurance or contact information.

Signature _____ Date _____

If applicable, I consent for dental treatment for _____, as the parent, guardian or personal representative.

Signature _____ Date _____

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