Country Roads Dental Care
A. Charles Lilly, DDS

Consent and Acknowledgment

The information provided is correct to the best of my knowledge. This includes any medical history and insurance information. I will not hold Country Roads Dental Care (A. Charles Lilly, DDS or staff) responsible for any errors or omissions that I may have made in the completion of this form. I understand it is my responsibility to inform the office of any change in my medical and insurance status.

I authorize the release of any information relating to any claim for services rendered to me or my dependents and request all benefits to be paid directly to Country Roads Dental Care that are otherwise payable to me.

I understand I am financially responsible for any charges not covered by my insurance company and any charges not paid may be subject to further action up to and including involvement from a collections agency.

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Patient Name (Printed)   Patient Signature

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Parent/Guardian Signature   Date