





# Scott D. Bunday, D.D.S.

1524 Independence Pkwy., Suite A-2. Plano TX 75075  
(972) 964-1032 / www.bunday.com

## PATIENT CONSENT FOR SERVICE

I give consent to any advised and necessary dental procedures, medications and/or anesthesia to be administered by the attending dentist for the purpose of dental treatment.

I understand and acknowledge that I am **FINANCIALLY RESPONSIBLE FOR THE SERVICES PROVIDED** for myself of the above named, regardless of **INSURANCE COVERAGE**.

I understand and acknowledge that Scott D. Bunday, D.D.S. will only accept assignment of benefits on my **PRIMARY INSURANCE COVERAGE** and that **I am responsible for any SECONDARY INSURANCE filings**.

I understand and acknowledge that I am responsible for the copayment of dental services rendered on the day of the services, unless other financial arrangements have been established.

I hereby authorize payment of dental benefits, otherwise payable to me, directly to Scott D. Bunday, D.D.S.

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

Release of Information: I authorize Scott D. Bunday, DDS to release information requested by my dental insurance, in order to assist in payment of claims.

I have read the above conditions of treatment, release of information and payment agreement statement and agree to their consent.

\_\_\_\_\_  
(Signature of Patient (Responsible Party for Patients under 18 year of age))

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date