

ADVANCED DENTISTRY OF CORAL SPRINGS TERMS AND CONDITIONS OF SERVICE

In consideration of all services provided by Advanced Dentistry of Coral Springs and its employees, contractors and/or affiliates, the undersigned hereby acknowledges and agrees (on behalf of himself or herself and his or her children, dependents and other persons for whom he or she serves as guarantor (collectively, "dependents")) with the following terms and conditions of service:

Medical Information. The undersigned hereby certifies that all information provided to Advanced Dentistry and Dr. Renan Buitrago is true, correct and complete and agrees to promptly inform Advanced Dentistry of Coral Springs and Dr. Renan Buitrago of any changes in any information (including regarding any dependent). Advanced Dentistry of Coral Springs is authorized to use and disclose to any insurance, billing, management or processing company, agency or organization any health care information/medical records relating to the undersigned or any dependent to obtain payment for services, determine insurance benefits or otherwise as required by law. Advanced Dentistry of Coral Springs and Dr. Renan Buitrago is authorized to contact the undersigned at any telephone number provided above (unless otherwise revoked in writing) to discuss this form and any billing, treatment, or other matter related to any dental treatment (including for any dependent).

Treatment; Informed Consent. The undersigned authorizes Advanced Dentistry of Coral Springs, Dr. Renan Buitrago, any treating dentist, hygienist and/or staff to perform all treatment described in any treatment plan (and including all other services determined by such dentist to be necessary or appropriate in connection with such treatment plan) accepted by undersigned for himself/herself or any dependent. Dentistry is a biological procedure and not an exact science; therefore, despite the highest standard of care, no guarantee is or can be given by Advanced Dentsitry of Coral Springs, Dr. Renan Buitrago or any dentist or any other person employed or contracted by Advanced Dental of Coral Springs regarding any treatment or the results that may be obtained. The patient must comply with all specified appointments, procedures and continuing care and failure to do so will adversely affect the patient's treatment often necessitating additional required treatment (or retreatment) with additional fees. Failure to show within 15 minutes of the scheduled time for, or provide at least 48 hours advance notice of cancellation of, any appointment for any reason will result in a broken appointment fee. In order to receive treatment, I agree that if there is any difference or disagreement between my attending Dentists and myself, all efforts will be made to resolve any difference or disagreement with my attending dentist and myself. If we are unable to agree on a solution, then I agree to take the problem to a reconciliation board such as the grievance committee of my dental health plan, the Dental Society, or Florida State Consumer Affairs Board of Dental Examiners, and agree to accept their resolution in lieu of pursuing remedies by way of litigation, in consideration of helping to keep costs of treatment and services as low as possible. I also understand that this agreement is binding on my heirs and all other family members.

Fees in treatment plans for non-insurance/discount plan patients are only valid for 30 days; all insurance/discount plan fees are subject to change at any time based upon changes in plan fee schedules or to correct errors.

Financial Responsibility; Insurance. THE UNDERSIGNED PATIENT AND/OR GUARANTOR ASSUME FULL RESPONSIBILITY FOR PAYMENT OF ALL FEES AND CHARGES FOR ALL SERVICES OF ADVANCED DENTISTRY OF CORAL SPRINGS, WHETHER OR NOT COVERED BY INSURANCE. THE PATIENT'S PORTION OF ALL FEES (INCLUDING ALL DEDUCTIBLES AND CO-PAYS) IS DUE AND PAYABLE IN FULL AT THE TIME SERVICES ARE PERFORMED (for treatment involving multiple appointments, such as a crown, root canal, denture or implant, the entire patient portion is normally due when treatment is started). Any special financial arrangements must be made before treatment is started. All insurance, discount plans and discount coupons must be presented before treatment is started. Advanced Dentistry of Coral Springs submits insurance claims solely to primary dental insurance for patients' convenience and does not assume responsibility for the processing of such insurance or failure of insurance to pay for any reason. Dental insurance rarely covers all fees; estimated or preauthorized insurance benefits are not guaranteed. The undersigned agrees to promptly pay on demand any balance not paid by insurance within 60 days after the date of service. A service charge of 1½% per month (18% per annum) is charged on all balances more than 30 days past due. Insurance balances are considered past due if not paid within 60 days of the date of service. The undersigned shall pay all costs incurred by Advanced Dentistry of Coral Springs relating to collection of any unpaid or delinquent balance (including, without limitation, attorneys and collection agency fees, court costs, paralegals) whether or not suit is filed. Advanced Dentistry of Coral Springs reserves the right to terminate or deny any treatment if the patient's account is delinquent.

Assignment of Benefits; Authorization and Release. The undersigned hereby certifies that all insurance coverage described above is current and valid and assigns directly to Advanced Dentistry of Coral Springs and Dr. Renan Buitrago all insurance benefits covering the undersigned or any dependent for all services rendered. The undersigned hereby agrees that his/her signature below will be maintained "on file"; Advanced Dentistry of Coral Springs is authorized to use such signature on all applicable insurance claims and submissions. If any insurance payment is made to the undersigned, he/she shall immediately remit such payment to Advanced Dentistry of Coral Springs.

Notice of Privacy Practices. The undersigned has reviewed a copy of Advanced Dentistry of Coral Springs Notice of Privacy Practices effective April 14, 2003, as amended.

I have read the above terms and conditions of service by Advanced Dentistry of Coral Springs and understand and accept such terms:

Signature of Patient

Date

Witness

Signature of Responsible Party/Guarantor
(For minors, parent or legal guardian must sign)

Date

Relationship to Patient