Lloyd Kitchin, D.M.D.
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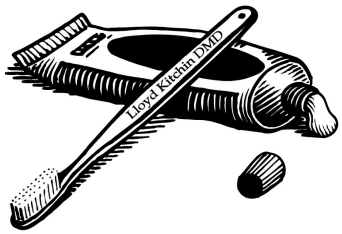

COMMITMENT TO TREATMENT

Our commitment to you is to provide you with the best treatment option that will fit your budget and lifestyle. Naturally, we want all of our treatment to be successful. In order to get the best long-term results we need some help from you. We need you to be responsible for keeping your appointments as scheduled and we need you to comply with our instructions. All phases of your treatment including periodic exams and gum therapy are critical to a successful outcome and long-term stability.

We realize unexpected situations do arise. If you are unable to keep your scheduled appointment please attempt to give our office 2 business days notice if possible. Repeat offenders may be subject to a missed appointment fee or same day scheduling only.

Dental insurance can be very confusing and the rules are constantly changing. Insurance is designed to be an aid and not a pay all benefit. Your insurance coverage is based on a contract between your employer and the insurance company. Insurance payments are based on that contract and not necessarily on the needs of the patient. Pre-authorizations do not guarantee payment of benefits.

To that end, you are ultimately responsible for payment for your dental treatment.

All financial arrangements must be made with our accounts manager, Laurie, prior to the beginning of treatment. All unpaid balances will be subject to a 1½% monthly service charge. Any fees associated with the collection of unpaid balances including attorney and court fees will be the responsibility of the patient.

For your convenience we offer several payment options including interest free financing. Ask Laurie, our accounts manager for more information.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important health information. A copy of our Notice is available upon request. We encourage you to read it carefully and completely before signing this Consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

Please sign below to acknowledge receipt of this agreement.

_____

Patient's Name (Please Print)

_____ _____ _____

Signature of patient or guarantor | Today's Date | Relationship to Patient