

Mark R. Zemanovich, D.D.S., P.C.

Practice Limited to Periodontics and Implantology



203 Salem Church Rd. Stephens City, VA 22655
DrZ@mrzperio.com

(P) 540.868.2740
(F) 540.869.4201

CONSENT FOR TREATMENT AND FINACIAL AGREEMENT

1. I hereby authorize Dr. Zemanovich or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of my or my dependent's needs.
2. Upon such diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications of all procedures to be performed.
4. I agree to be responsible for payment of **all** services rendered on my behalf or my dependents regardless of insurance coverage. I understand that payment is due at the time of service unless other arrangements have been made prior. In the event payments are not received by agreed upon dates, I understand that a 1.5% finance late charge (18% APR) may be added to my account.
5. Lastly, in the event that any unpaid accounts are turned over to an attorney for collection, I agree that jurisdiction for said collection shall be Frederick County, Virginia; that I shall pay all reasonable costs of collection, including attorney's fees of 33 1/3%, court costs or other collection fees. I also waive the benefit of all homestead or other exemption as to the collection of my account.

Patient: _____ **Date:** _____

Responsible Party for Payment: _____

Relationship of Responsible Party to Patient: _____