

FINANCIAL AGREEMENT

Joseph P. Prasad, D.M.D.

Caring Dental Associates
1961 Morris Avenue, Suite B4
Union, NJ 07083

Caring Dental South P.A.
7 School Road East
Marlboro, NJ 07746

I acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents, guardians, or personal representatives are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges for services or items provided to me, to my minor/child, or to the patient for whom I have legal responsibility. I understand that filing a claim with my insurance company does not relieve me from my responsibility for the payment of all charges.

Signature of Patient, Guardian, or Personal Representative

Date

Please print name of Patient, Guardian, or Personal Representative

Relationship to Patient

BROKEN APPOINTMENT AGREEMENT

Caring Dental Associates
1961 Morris Avenue, Suite B4
Union, NJ 07083

Caring Dental South P.A.
7 School Road East
Marlboro, NJ 07746

I acknowledge that a cancellation notice is necessary 24 hours prior to my appointment. Otherwise a broken appointment charge of \$35.00 will apply to my account. I accept full financial responsibility.

Signature of Patient, Guardian, or Personal Representative

Date

Please print name of Patient, Guardian, or Personal Representative

Relationship to Patient