Chaperone Consent Form

800-717-KIDS

www.cdfzone.com

Date:_____

Patient Name: _____

Patient's Birth Date: _____

I _____ give _____ permission to consent to diagnostic aids including x-rays, models, photographs and treatment as well as update patient's health history to the following person:

Chaperone Name: _____

Chaperone Phone Number: _____

Chaperone Date of Birth (21 or over): _____/_____/_____

Relationship to Minor: _____

Chaperone Signature: _____ **Date:** _____

Please keep this on File for all future appointments (consent is valid for 90 days). Thank you.

Disclaimer: Cash, and/or Visa/MasterCard accepted, checks (if applicable). The responsible party is ultimately responsible for any and all fees incurred. If dental insurance is filed, the estimated contract co-pay is due in full at the time services are rendered. The responsible party is further responsible for any amount discounted or disallowed by the insurance company, except in the case where the amount is a contractual discount. If the insurance does not remit payment within 60 days, the full balance becomes the obligation of the responsible party, and it is then the responsible party's burden to collect from the insurance carrier. If an account should ever require collections action, the responsible party will be obligated to pay any and all collection fees.

□ I understand and accept the above disclaimer as the responsible party.
Parent/Guardian Acknowledgement/Acceptance: I agree to pay according to the conditions and limitations of the policy at the time services are rendered. The signature below also constitutes my agreement as the responsible party that the insurance shall submit payment to Children's Dental FunZone (CDFZone). Patient (s) Health history form must be completed and attached with the chaperone consent. Please note picture identification will be needed on the day of service. This consent is only honor for 90 days from date of service.

_____ _____

Printed name of Parent/Legal Guardian **Phone Number**

_____

Signature of Parent/Legal Guardian