Dental Care of Plantation

9633 West Broward Blvd. Suite 2 A Plantation, Florida 33324

In signing this document, I accept responsibility for any discrepancies between what is covered by my insurance company and any charges for services rendered to me by Dr. Ginzler . I have been made aware of my insurance benefits and have had them fully explained to me by this office. I understand that my balance left after payment by the insurance company is my obligation.

Also, a charge of $25 will be made for broken appointments unless 24 hour notice is given.

Patient Name ______________________ Date__________

Patient Signature______________________Date__________