

**STATEMENT OF FINANCIAL RESPONSIBILITY**

The undersigned, jointly and severally, promise to pay and/or guaranty the payment of all charges of David M. Arnold, D.D.S., P.C. ("Dentist") for dental services rendered to either of us or to the dependants of either of us, without relief of valuation and appraisement laws.

The undersigned agree that all dental services rendered by the Dentist will be due and payable upon the rendering of the dental services; and that all dental services not paid on the date rendered shall bear interest at the rate of 18% per annum.

The undersigned agree to pay reasonable attorney's fees if it becomes necessary for the Dentist to refer to an attorney for collection the unpaid charges.

The undersigned authorize the Dentist, or any of its agents and attorneys, to obtain a credit bureau report to assist in the collection of any amounts unpaid as of the date of the rendering of dental services.

The undersigned assign to Dentist all insurance or other dental benefits; and agree that the undersigned shall be liable for any charges for dental services unpaid or delayed by insurance or other dental benefits.

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

Witness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Printed Name)