



IN-HOUSE INSURANCE PLAN

I understand Holdbrook Pediatric Dental In-House Plan is \$295 and any additional family member will be \$199. This plan covers 2 cleanings, 2 exams, and diagnostic x-rays if needed. Any additional work needed will receive 25% off and the remaining balance is my responsibility. The in-house plan is non-refundable and must be used within a 12 month period.

This consent is meant to provide the parent and/or guardian with specific information regarding your In-House Insurance Plan. By your signature below, you are indicating that our staff sufficiently explained the In-House Insurance Plan.

I have read and understand the above information and hereby ***give my consent.***

Patient Name: _____

Parent/Legal Guardian: _____

Date: _____ Witness: _____