



Dependent Young Adult Financial Consent Form

I, _____, acknowledge that I am currently older than eighteen (18) years of age. As such, I understand that I am fully responsible for all monies owed to DeSanti Family Dentistry for dental services provided. Further, I understand that, if I am a covered dependent on my parents' dental insurance plan, this is an arrangement between family members. I am fully responsible for payment to DeSanti Linden Dentistry, due on the date of service, unless a prior arrangement has been made in writing.

Signature

Date