



Katrina A. Thatch, DDS- A Division of Central Virginia Dental Care, PLC

Powered by Dental Intelligence

3610 Boulevard Suite A, Colonial Heights, VA 23834

(804) 526-0937

www.katrinathatchdds.com/

RELEASE OF RECORDS AUTHORIZATION | DOB:

RELEASE OF RECORDS AUTHORIZATION

I hereby authorize the release of medical information to any of my child's health care providers or insurance companies that may be pertinent to their case. I hereby authorize direct payment of insurance benefits that are otherwise payable to me. I hereby authorize the release of my child's medical records to the third-party insurers or other persons whom disclosure is necessary to establish or collect a fee for services provided. I understand that I am financially responsible for all charges arising from the treatment of my child (or the above-named patient, if applicable). I understand that payment in full is due at the time services are rendered; however, I agree to pay a FINANCIAL CHARGE of 1.5% per month for balances over ninety (90) days past due [3% per annum]. If my account is referred to an attorney for collection, I agree to pay all collection and court costs, including attorney fees in the amount of thirty-three and one-third percent (33 1/3%) of the total indebtedness then due. A photocopy of this contract shall be considered as valid as the original.

Katrina A. Thatch, DDS, PLLC

3610-A Boulevard

Colonial Heights, VA 23834

Patient's signature:

Date:

Please select which scenario applies to you	
---------------------------------------------	--