



**PERIODONTAL MEDICINE**  
**Surgical Specialists, LLC**  
 Personalized | Preventative | Predictable | Proven

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**ACKNOWLEDGMENT OF OUR NOTICE OF FINANCIAL POLICY AND  
 INSURANCE LIABILITY PROCEDURES**

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of Periodontal Medicine and Surgical Specialists, LTD. Policies: 1) Office Financial Policy and Procedures and 2) Notice of Insurance Liability Form. By signing below I am acknowledging that I have received or have had the opportunity to receive these documents and give my consent for treatment to be billed as stated within.

Patient Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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 Our Goal: Sustainable oral health for a lifetime.

