



AMUNDSON FAMILY DENTISTRY

6939 Pine Arbor Drive South Suite A104
Cottage Grove, MN 55016
651-459-3514

Consent for Amundson Family Dentistry In-House Dental Plan

I, the undersigned patient, hereby agree to purchase in full the Amundson Family Dentistry In-House Dental Plan for myself and/or family members. I understand that this In-House Dental Plan only covers dental work at Amundson Family Dentistry. I understand that I will be responsible for the amount owed for the treatment(s) and procedure(s) that the plan does not cover. I understand that this discount cannot be combined with commercial insurance. I understand that this is a one-time non-refundable payment. I understand that the plan's coverage ends a year from date of purchase.

I confirm that I understand this form and the information contained therein.