



Teeth 'R' Us Children's Dentistry

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Dental Promissory Note and Assignment

Patient's Name: _____

Date: _____

1. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED AS A RESULT OF SERVICES PERFORMED BY TEETH "R" US CHILDREN'S DENTISTRY (TEETH "R" US).
2. I AGREE TO UNCONDITIONALLY SUBMIT FULL PAYMENT WHEN DUE OF ALL SERVICES BY TEETH "R" US.
3. I UNDERSTAND THAT I MAY RECEIVE PAYMENT OR CHECKS FROM MY INSURANCE COMPANY, WHICH IS FOR SERVICES PERFORMED BY TEETH "R" US. I AGREE TO ASSIGN AND IMMEDIATELY DELIVER ANY SUCH CHECKS OF PAYMENT FROM MY INSURANCE CARRIER TO TEETH "R" US WITHIN SEVEN (7) DAYS OF RECEIPT. I AGREE TO PAY TEETH "R" US ANY AMOUNT NOT PAID BY THE INSURANCE COMPANY.
4. I UNDERSTAND THAT IF A CHECK IS PAYABLE TO TEETH "R" US IS RETURNED TO US DUE TO INSUFFICIENT FUNDS OR FOR ANY REASON, I AM RESPONSIBLE FOR ALL CHARGES INCURRED BY THE BANK AS WELL AS THE TOTAL REMAINING BALANCE ON THE ACCOUNT WITHIN SEVEN (7) DAYS.
5. I UNDERSTAND THAT FAILURE TO PAY TEETH "R" US MAY RESULT IN ADVERSE ACTIONS TAKEN AGAINST ME, SUCH AS COLLECTIONS, LEGAL ACTIONS, OR IT MAY ADVERSELY AFFECT MY CREDIT HISTORY.

Agreed and Guaranteed by: _____

(Signature of Patient; Parent/Guardian if patient is a minor)