Bob C. Hunsucker, D.D.S.
Cosmetic and Family Dentistry
6305 Preston Rd.
Suite 1100
Plano, Texas 75024
(972)-781-1500

I _____ do understand that any treatment performed by Bob C. Hunsucker, D.D.S. and not covered by insurance benefits will be my financial responsibility. Any unpaid balance will be paid within 45 days of treatment.

Date _____

Signature_____