



# Valley Dental Group

## Gentle Family Dental Care

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### Representation and Agreement Concerning Dental Charges

- I am not enrolled in Washington Apple Health, Washington's Medicaid program or the Medicaid program of any other state. Such Medicaid programs may be collectively referred to in this agreement as a "Medicaid Program".
- I am not in the process of enrolling in any Medicaid program. I also represent that I do not intend to enroll in, or begin a process of enrollment in, any Medicaid program in the future at any time which would be earlier than one full year after completion of all services to be provided to me by Dentist or Dentist's employees. If my circumstances change, I will promptly inform Dentist of such change.
- I will not submit any claims to any Medicaid program for reimbursement to me for any services provided to me by Dentist or Dentist's employees.
- I am providing this representation and agreement so that Dentist may rely upon it in providing dental services to me. Each statement within this agreement is true and accurate.
- Please check the box which applies:  
 I do NOT have dental insurance.  
 I have a self funded or employer funded dental insurance policy
- Subject only to portions to be paid by my dental insurance company listed in paragraph 5, and applicable limitations on my obligation as a Patient if Dentist is a participating provider with such insurance company, I assume full financial responsibility for, and agree to pay, the usual charges of Dentist for services Dentist and the Dentist's employees may provide to me.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient or Rep's Signature

\_\_\_\_\_  
Date