

Lewis General Dentistry

J. Terrell Lewis, DMD

(843)558-5013

PO Box 998 – 104 S. McDaniel St. – Hemingway, SC 29554

Financial Agreement

By signing this agreement, I understand that I am responsible for my payment at the time of my appointment. If I have insurance, I understand that I am responsible for my part, that the insurance does not cover, at the time of my appointment also.

Patient Name _____

Patient or Parent Signature _____

Date Signed _____

Witness _____ Date _____