

**GUARANTOR AGREEMENT**

Pacific Dental Associates  
2100 Webster St. Suite 325  
San Francisco, CA 94115  
(415) 923-3034

In exchange for the agreement of PACIFIC DENTAL ASSOCIATES (hereafter "PDA") to provide dental services to \_\_\_\_\_(PATIENT) at my request, I, (GUARANTOR), do hereby agree that any charges incurred on behalf of Patient are my personal responsibility.

I further understand and agree that if I have insurance, and I do not pay the charges within 60 days of the mailing of written notification by PDA that my insurance did not cover all charges of PATIENT, that PDA may refer the matter to a collection agency of its choosing to collect the debt and that such notification to the collection agency will include my name, address, social security number and the amount and date of the debt, and that said collection agency may disclose these details to the credit reporting agencies for inclusion on my credit report. I also agree that PDA and its partners and employees are not liable to me for any violation of HIPAA or other laws protecting consumer or medical privacy arising from PDA's reporting to a collection agency or credit reporting agency that I have failed to pay my debt to PDA.

Dated:\_\_\_\_\_

\_\_\_\_\_  
Print Name (Guarantor)

\_\_\_\_\_  
Signature (Guarantor)