

Guaranty of Payment for Dental Services

I _____, (the "Guarantor") hereby guaranty the full and prompt payment, when and as due, of all amounts currently due or becoming due _____ [insert name of dental practice] as a result of dental services it has or will provide to _____ [insert name of patient].

I agree that _____ [insert name of dental practice] is relying on my Guaranty to pay its fees when deciding to provide dental services to _____ [insert name of patient] and that these dental services would not be provided in the absence of the Guaranty.

I understand that I am directly and fully responsible to _____ [insert name of practice] for all bills submitted by it for services rendered to _____ [insert name of patient].

GUARANTOR
