
**MONTGOMERY COUNTY
VETERANS SERVICE COMMISSION**



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Dental Program Waiver and Release

By signing this form, I understand that I am waiving, releasing, and agree to hold harmless, the Montgomery County Veterans Service Commission from any liability arising from or related to my participation in the MCVSC Dental Assistance Program. This includes but is not limited to any and all of the following:

(Initial next to each line)

_____ Liability for any dental procedure performed by the dental care provider.

_____ Costs, fees, or other related expenses associated with my dental care beyond those paid for by the MCVSC.

_____ Any fees or costs charged by the dental care provider for missed appointments.

_____ Any follow up treatments recommended by the dental care provider which are not covered by the MCVSC Dental Assistance Program.

_____ Scheduling, attending, and coordinating my dental care appointments with the dental care provider.

By initialing the above items and signing below, I acknowledge that I have read, reviewed, and understand all of the terms of the MCVSC Dental Assistance Program and I am releasing any and all claims, either now or in the future, against the MCVSC as a participant in the MCVSC Dental Assistance Program.

Printed Name

Date

Signature