

## CNA Sample Form: Refund/Fee Waiver Release

In exchange for the payment or fee waiver I acknowledge receiving at this time, in the amount of \_\_\_\_\_(insert dollar amount here)\_\_\_\_\_, I, \_\_\_\_\_(insert patient's name here)\_\_\_\_\_, being of lawful age do hereby release, acquit and forever discharge \_\_\_\_\_(insert dentist's name here)\_\_\_\_\_ and all other involved persons or entities, and their successors, assigns, and administrators, of any and all liabilities arising from any known or unknown personal injury or damage resulting from treatment rendered during the following period of \_\_\_\_\_(insert beginning treatment date here)\_\_\_\_\_ through and including \_\_\_\_\_(insert last treatment date here)\_\_\_\_\_.

I, \_\_\_\_\_(insert patient's name here)\_\_\_\_\_, understand and agree that I am relying wholly upon my own judgment, belief and knowledge of the nature, extent and duration of any injuries I may have, and that my decision to agree to this release has not been influenced in any way by any representations or statements regarding those injuries, or regarding any other matters, made by \_\_\_\_\_(insert dentist's name here)\_\_\_\_\_ or any other involved persons, entities, representatives, or employees.

I understand and agree that this settlement is the compromise of a dispute, and that the payment or fee waiver is not to be construed as an admission of liability on the part of \_\_\_\_\_(insert dentist's name here)\_\_\_\_\_ or the employees or independent contractors of \_\_\_\_\_(insert dentist and practice name(s) here)\_\_\_\_\_, by whom liability is expressly denied.

I agree to indemnify and hold harmless each and all of the released parties and their successors, assigns, and administrators from any and all claims, demands, or indemnity of any nature or character which may be claimed in the future by any persons or entity as a result of the treatment provided during the dates set forth above.

I agree that I will keep the terms of this settlement and the facts pertaining to this matter confidential. This settlement and release shall not be disclosed to any third party at this time or at any future date.

I agree that this release constitutes the entire and final resolution of the dispute between the parties, and the terms of this release are contractual and enforceable.

**I have carefully read this release and understand its contents, and I am signing it of my own free act.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Patient*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Witness*

This sample form is for illustrative purposes only. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice.

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