



Insight • Diligence • Assurance

Tel: (201) 503-3742

Fax: 855-440-8624

Email: [hello@hiltzandassociates.com](mailto:hello@hiltzandassociates.com)

Web: [www.hiltzandassociates.com](http://www.hiltzandassociates.com)

To: Practice Owner

Subject: Consent for your Employee to attend a Dental FraudBusters Seminar

An employee of your practice has registered to attend a “**Dental FraudBusters**” Webinar.

While attendance at this event is restricted to Dentists and Practice Owners; **employees may attend is consent is obtained from their employer before attending.**

You can learn more about this course by visiting this link: <http://clues.dentalfraudbusters.com>

Sincerely,

**William (Bill) Hiltz BSc MBA CET**  
CEO Hiltz and Associates  
**Creator of Dental FraudBusters.**





## CONSENT FOR EMPLOYEE TO ATTEND DENTAL FRAUDBUSTERS SEMINAR

### INSTRUCTIONS:

**Employer; please complete the attached form and send to.**  
(email: [hello@hiltzandassociates.com](mailto:hello@hiltzandassociates.com) )

I understand that attendance for this Dental FraudBusters presentation is restricted to dentists and practice owners and that my employee is only permitted to attend this event with my express consent. (Webinar Details: <http://clues.dentalfraudbusters.com> )

I understand that this seminar will discuss real schemes used by dental office employees to steal from their employer and that this information could be used or disseminated to commit fraud in a dental practice.

I hereby provide voluntarily consent to permit my employee to attend this Dental FraudBusters event, presented by Hiltz and Associates.

Furthermore, I release Hiltz and Associates and its authorized agents from any and all actions, claims, demands for damages, liabilities and loss or injury howsoever arising which may hereafter be sustained by permitting my employee to attend this event. A photocopy of this authorization may be considered as valid as the original.

Seminar Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Phone: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



<https://hiltzandassociates.com>



[www.dentalfraudbusters.com](http://www.dentalfraudbusters.com)