

INSURANCE IS FILED AS A COURTESY!

IT IS THE PATIENT'S RESPONSIBILITY TO KNOW ALL INFORMATION CONCERNING THEIR DENTAL INSURANCE.

QUESTIONS ASKED WILL BE ANSWERED ACCORDING TO OUR POLICY.

YOU ARE RESPONSIBLE FOR THE **ESTIMATED** NON-COVERED PORTION ON ALL PROCEDURES THAT ARE PERFORMED AT YOUR VISIT.

PLEASE GIVE ALL INFORMATION TO THE FRONT DESK AND YOUR INSURANCE WILL BE CONFIRMED AND A COPY WILL BE GIVEN TO YOU THE PATIENT.

PLEASE SIGN AND DATE:

PATIENT: _____

DATE: _____