

Insurance Acceptance Policy

Name of Primary Dental Insurance Company		
Names and DOB and how related to insured for all covered depe	endents /	/
	/	/
Name of <u>Secondary</u> Insurance Carrier (if applicable)		
Names and DOB and how related to insured for all covered dependents		
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We are happy to submit your insurance claims for you. If a estimated portion will be due at the time of your appointment of payment. Many insurance companies provide benefits be clauses that downgrade or exclude certain procedures. In the not pay what we estimate based on information received frobilled and held responsible for the unpaid balance. If you how your insurance carrier processes claims, please ask our contact your insurance carrier. If your insurance changes a our office know as soon as possible so that new benefit information received from the processes claims.	ent. Benefoased on fe he event the om them a nave any q r office ass at any time	its quoted are not a guarantee re schedules and contain nat your insurance carrier does it your initial visit, you will be uestions about these terms or sistant for more information, or it is your responsibility to let
We do not exclude any insurance carrier at this time; howe the future.	ver, we do	reserve the right to do so in
The information I have provided is true and correct to the bunderstand the Insurance Acceptance Policy.	est of my	knowledge. I have read and
Signature of Primary Insured/Patient		Date

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