

Advanced Dental Center

DISCLAIMER :

We call your insurance company with the information you provide us, to verify your benefits and eligibility, however, *this is not a guarantee of payment from your insurance company.* All benefits and eligibility are determined upon availability by your plan policy and at the time that the claim is received by your insurance.

We are 'out of network' with ALL insurance companies except Delta Dental Premier. Our charges may not be the same as what your insurance company allows, or your insurance company may pay on a fee schedule. The difference between our charges and what your insurance company allows / pays becomes patient responsibility.

We file claims on your behalf as a courtesy. Please provide us with the most accurate information available, to ensure reimbursement from your insurance company. Payment for service(s) are due, in full, on the day the service(s) are rendered, this includes any co-pays, your co-insurance and any annual deductible.

X-RAY CONSENT :

The doctor may order x-rays to aid his ability to diagnose, view the structure of the jaw, the position of any teeth not yet erupted, malformed roots and tooth decay. I accept the doctor's decision for an x-ray series to help him diagnose any periodontal / dental condition.

I understand and accept full financial responsibility for all charges not covered or unpaid by my insurance company

patient signature

date