

Insurance Disclaimer

(Please read carefully)

Our goal is to help you maximize your dental insurance benefits. As a courtesy, we are happy to bill your dental plan for services. When we call on your insurance and verify benefits it is not a guarantee of payment by the insurance company and may vary according to your individual plan when the actual claim is submitted.

Any treatment plan that our office proposes to you is an estimate of what your insurance coverage will be, it is not a guarantee. If you need exact payment of benefits, then a pretreatment is required. If you would like this done, you must notify our office staff before any work is initiated. (This could take approximately 6-8 weeks). _____ (Initial)

Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance company. Regardless of coverage, your estimated co-payment is due in full the day of treatment. Also remember dental insurance plans are not designed to cover all of your dental needs.

I, _____, have chosen to allow Dr. Robert Rowland to file my insurance and accept full responsibility for this account and for all dentistry performed upon my family in this dental office. I understand it is my responsibility to be aware of what type of dental plan I have. I also understand this office cannot guarantee my insurance company will cover all services rendered and it is only an estimate of benefits. I also understand that if my insurance company does not pay within 120 days of my date of service then I will become responsible to pay at this time.

Print Name: _____ Date: _____

Patient Signature: _____

Staff Signature: _____