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Dental Health Specialists

Patient Disclosure Information

Please initial below:

x_____ I, the patient/parent/guardian, have made a contract with my insurance company to provide third party reimbursement for my dental care. As the patient/parent/guardian, it is my responsibility to understand and comply with the benefits, limitations, and exclusions pertaining to my plan. **Unlike medical insurance, most dental benefits do not cover the full cost of care.**

x _____ I understand that I am financially responsible for any and all charges not covered by my plan. I also agree to pay any remaining balance on my account following receipt of insurance benefits or after 60 days whichever comes first. I understand that The Dental Implant Surgery Center / Texas Endodontic Center will file my claim as a courtesy only, and that doing so does not relinquish me from my obligations.

x _____ If for any reason my account with Dental Health Specialists is placed with a collection agency, I will be responsible for any additional fees added to my account as part of the collection process. I agree to pay a $35 convenience fee for any returned checks.

A Comment About Insurance – Dental Health Specialists discourages supplication of insurance companies for written pre-determination of benefits. We will only submit a pre-determination if asked upon treatment planning. This information can be easily obtained directly by telephone or via Internet with the insurance company. Written pre-estimates are not a guarantee of payment and only serve to delay necessary treatment.

_____

Patient's Name

_____

Signature of Patient or Guardian

_____

Date