



To Our Responsible Parties:

There are THOUSANDS of insurance plans in America. Therefore, it is impossible for our office to know the covered benefits of your particular insurance plan.

It is your responsibility as parents or caretakers of our patients to know and understand policies and benefits of *your insurance contract*. This includes (but is not limited to):

- Required referrals obtained and authorized prior to services being rendered
- Co-payments
- Covered x-rays and procedures
- Prior authorization procedures
- Current claims address, group numbers, social security number of the insured

Please present any change in address and/or insurance information when checking your child in for their appointment.

Please be prepared to pay for your visit in full if you do not have all your insurance information.

I understand that the doctors at the Children's Dental Health Center will make recommendations based on his/her clinical judgement as to what would be best for my child(ren) and their particular dental needs. This may not necessarily correspond to what my particular insurance contract is scheduled to pay. I have read and understand my insurance responsibilities and acknowledge that any treatment rendered, regardless of my insurance coverage, is my financial responsibility.

Signature

Date