

INSURANCE/CONSENT TO PAY

All insurances are different. The coverage provided and their final payments are their agreement with your employer or state plan.

We do our best to estimate your costs and ask that you pay the “Estimated” deductibles and/or copay percentage at the time of your service here.

We ask that you **remember these are “Estimated”** and that you could be billed for the differences or refunded if overpaid.

Some insurance companies will only pay for the amalgam (silver) fillings and not the composite (white) ones. If you decide on the white composite fillings or the doctor feels it would be better for you to have these versus the silver amalgam, **you may be asked to pay the difference.**

Again we have no control over what the insurance company’s final decision will be. However, we will work with you on making reasonable payment arrangements.

If you have any questions, please feel free to ask us.

Patient Name (Print) _____

Parent Name (if pt is minor) _____

Signature _____

Date _____