

LETTER OF UNDERSTANDING OFFICE INSURANCE GUIDELINES

Patient _____ Date _____

We are pleased that you have the benefit of dental insurance coverage and we will be happy to assist you in using your benefit program. Our office team understands your insurance coverage and will help you to maximize the benefits allowed under your plan.

It is important to understand that:

- Your dental benefits are a ***contracted benefit between you, your employer and the insurance company.***
- Our fees generally are not fully covered by the maximum allowance determined by your insurance carrier.
- All dental services are not covered by insurance plans.
- You will be responsible for all fees not covered by insurance for services rendered to you.

Please discuss your proposed dental treatment with our team and ask all necessary questions before you begin treatment.

Office personnel signature _____ Date _____

I understand and agree to abide by these guidelines.

Patient signature _____ Date _____