



Dental Insurance Information and Disclaimer

Please **READ** carefully before signing.
Please initial each section.

_____ It is our pleasure to assist you with any insurance questions or problems you may have. Unfortunately, it is difficult to predict the benefits or restrictions your insurance company has in place. We will give you an estimate of your financial responsibility for any procedure before you are seen.
Please understand this is just an estimate.

_____ Please understand many dental plans have waiting periods, frequency limitations, and alternate benefits. We will give you a comprehensive treatment plan with your best interest in mind, regardless of whether dental insurance may contribute.
You will be responsible for any difference in amounts your insurance does not pay.

_____ I do fully understand that Cleveland Family Dentistry has agreed to file my insurance as a courtesy and that I am fully responsible for any treatment costs which are denied or not covered by my insurance company. I further agree that it is my responsibility to know the extent of my benefits, restrictions and limitations.

Patient Signature or Parent of Minor