



8433 U.S. Highway 42
Florence, KY 41042
Telephone: 859-283-1111
Facsimile: 859-283-0116

RE: Insurance Coverage

Dear Patient:

Patients who carry dental insurance understand all dental services furnished are charged directly to the patient as your agreement is with your employer and your insurance company. As a courtesy and convenience to you, we will gladly file your insurance claims. Please be aware any estimate of payment received from the insurance company is not a guarantee of payment. As described in the Consent for Services portion of your Patient Registration Form, if your insurance company does not pay your claim, the ultimate responsibility is yours.

Thank you for your cooperation in this matter. If you have any questions, please do not hesitate to ask.

I have read and understand the above information and agree to the content.

Signature of Patient, Parent or Guardian/Responsible Party

Date