

*Emerald Hills Dental Center  
3856 Sheridan Street  
Hollywood, FL 33021  
954-983-2450*

Dear Valued Patient,

Many of our insurance plans offer a supplemental payment for procedure that we perform at a reduced fee. In order for us to collect these supplements from your insurance carrier we need to present your signature on file.

Please sign this letter where marked, so that may collect the payments that we are entitled too.

X \_\_\_\_\_

Thank you for your cooperation on this matter.

Sincerely,

Dr. Darren Snow D.D.S.