EMERALD HILLS DENTAL CENTER

To all our patients:

It is indeed our pleasure to treat your Dental needs. We accept all patients. Some of you may have Dental insurance or belong to some type of Dental plan. This office will be more than happy to file the insurance forms for you as a courtesy.

We treat every patient with equal care...with or without insurance. Unfortunately, some insurance companies and plans do not always cover certain established, routine, and acceptable proceedures. However, we feel you deserve proper treatment that should not be influenced by your insurance companies coverage. Presently this office files forms for over 200 different insurance plans. Since we do not have access to each plan's contract, it is difficult, if not almost impossible, for us to know every limitation, deductible, or allowable procedure for every single policy. It is therefore imperative for you to know your policy's limitations or bring your contract to the office for us to review.

Dental insurance is like all other health, home, or automobile insurance...it is there to help you pay for services rendered up to the limitations of that policy. Your insurance company or plan will pay or discount up to the limits it has previously determined. The balance, or co-pay, which reflects your insurance policy's limitations or deductibles, is payable by you. Ultimately, any charges incurred by the patient are his or her responsibility.

If at any time you have any questions about your insurance policy or plan, please feel free to discuss it with any of the Doctors or front desk staff. We will try our best to clear up any confusion that might exist.

In the event that collection efforts are required by our office due to your failure to pay on a timely manner according to established fees, then you will be held responsible and agree to pay for our collection costs including, but not limited to our attorneys fees.

Thank you for allowing us to serve you and your family.

Darren B. Snow D.D.S.
Deborah Baron D.D.S.
and Associates

I have read and understand and agree to the above:

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PATIENT SIGNATURE