

# INSURANCE POLICY

Thank you for choosing WHEATON DENTAL PARTNERS as your dental provider.

This is a reminder that **Insurance contract is an agreement between you and your insurance company**. Therefore it is important that you fully understand your benefits as well as restrictions including but not limited to yearly deductibles, maximum coverage, copayments.

We honor your insurance fees and will help you file for the service rendered.

We will give you an ESTIMATE cost of your portion and it must be paid at the time of your treatment. Any outstanding balances not covered by your insurance will be billed to you at a later time.

By signing this document, you acknowledge that you are responsible for the fees incurred and release us from any obligations regarding your insurance limitations.

Name-----

Signed----- Date-----

(By patient, parent or guardian)