



## Insurance Agreement

We are happy to assist you in understanding and filing your insurance for most dental procedures. Please remember that your insurance is a contract between you, your employer and your insurance company. We are happy to act as your advocate but cannot be responsible for settling any disputed claims for coverage. By understanding this concept now, you will avoid surprises later. Our policy at this office states that you are totally responsible for your bill.

If you have dental insurance, as a courtesy, we will file your insurance. They will send your insurance payment and correspondence to you. Payment is due in full at the time of service.

Our office is opted out with Medicaid and Medicare. By agreeing to have treatment here, you are acknowledging that what is done in Premier Prosthodontics cannot be submitted to Medicare and/or Medicaid.

I, \_\_\_\_\_, understand that if any or all of the services are not paid for by my insurance company, I will be responsible for payment in full.

Signature of Patient or Responsible Party \_\_\_\_\_

Date \_\_\_\_\_