Advanced dentistry & old-fashioned concern

Glenn Schmidt,
D.D.S., MS.

Insurance Notice to Our Patients

Thank you for choosing Riverbend Dental Center as for all of your dental needs. You have indicated to our staff that you have Medical/ Dental insurance coverage. As a courtesy to our patients, our office will file your insurance claims on your behalf. We only file claims with the information that you have provided to our staff at the time of your appointment. At that time if you do not have your insurance information available, the cost for services rendered will be your **FULL** responsibility.

If you need dental treatment, we will compose a treatment plan for you based on the information provided to us by your insurance provider. The financial figures that we put together derive from the **PERCENTAGES** provided top our staff by your insurance provider. This treatment plan is only an **ESTIMATE**. Sometimes your insurance provider requests that we send in x-rays and other needed information before treatment can be performed.

Prior to services rendered, your **ESTIMATED PATIENT PORTION** is to be collected **IN FULL** by our staff. This does not always mean that you have paid your complete patient portion. If your insurance provider does not pay the entire **ESTIMATED INSURANCE PORTION**, you are responsible for the difference. In addition, when you have reached your **MAXIMUM INSURANCE BENEFIT ALLOWED** and there is still treatment or other procedures to complete, the **TOTAL COST** is your responsibility.

By signing this form, I acknowledge and understand that **INSURANCE ESTIMATES ARE NOT A GUARANTEE OF PAYMENT** nor is it a guarantee that services rendered are covered by my Medical/ Dental insurance provider. Also any balance left unpaid by my insurance provider becomes my responsibility as the patient.

____________________________________Signature of Patient or Legal Representative

____________________________________Print Name of Patient or Legal Representative

____________________________________Date Notice Signed