

PLEASE READ !!!!!!!!!!!!!!!!!!!!!

THIS IS TO INFORM YOU THAT PATIENT PORTIONS ARE ESTIMATES ONLY. IF THERE HAVE BEEN CHANGES IN YOUR COVERAGE, OR IF YOU HAVE SEEN ANY OTHER DENTIST, OR PROVIDER WITHIN YOUR POLICY YEAR, YOU NEED TO INFORM US IMMEDIATELY, AS THIS WILL AFFECT YOUR BENEFITS AVAILABLE AND YOUR ESTIMATE GIVEN. IT IS ULTIMATELY UP TO YOU AS THE SUBSCRIBER TO KNOW YOUR BENEFITS, LIMITATIONS, FREQUENCIES, AND WAITING PERIODS. I UNDERSTAND I AM RESPONSIBLE FOR ANY REMAINING BALANCE NOT PAID BY MY INSURANCE.