



519 Falling Leaf Alley, Monrovia, Ca 91016 626.239.6437

Agreement on Financial Policy and Insurance Payment

We will make every effort to give you accurate information we receive from your dental insurance company (or companies in situations where you have coverage by more than 1 insurance) so you have an idea of how much insurance may pay and how much you will pay for your consultation, x-rays, treatment(s), etc. However, this is only an **ESTIMATE**. Sometimes, despite our very best efforts, insurance companies don't have accurate information in cases where you may have pending claims that your insurance company (companies) may not have received yet. Other times, insurance agents give inaccurate information.

Please acknowledge the following:

I, _____ completely understand that the financial information regarding how much insurance pays and how much I have to pay is **ONLY** an **ESTIMATE**. After my dental insurance pays their portion, I may owe money or True Dental Specialties may owe me money. If I owe money, I will pay the balance as soon as possible, but not later than 1 month. If True Dental Specialties owes me money, True Dental Specialties will send me a check as soon as possible, but not later than 1 month.

Signed: _____ Date: _____