Sample Consent Form: Service(s) not paid for by the Benefit Plan

(Practice name) accepts (Plan Name) dental benefit plan, under which you are covered:

By signing below, I (Patient Name), acknowledge that:

- the dental service(s) provided, or that are to be provided, to me have been fully explained to me by my treating dentist.

Patient's name _____Date_____

Patient, guardian or guarantor signature_____ Date_____

With respect to charges for services provided, our office will submit claims for the procedures rendered. Dental benefit plans are intended to pay for some but not all dental care costs. You are ultimately responsible for all charges including when the dental plan chooses to reimburse you directly.

By signing below, you acknowledge your understanding that you are responsible for charges for any portion of the treatment rendered on (Date of Service) that is not paid for by the dental benefit plan,***** and that,

- if you choose to have your treating dentist perform a service that is not paid for by your dental benefit plan, you must pay to your treating dentist the dentist's full fees for the service or the fee contractually agreed upon between your benefit administrator and the treating dentist.

Notwithstanding the foregoing, in no instance will you be responsible for paying the costs of any services for which your dental plan is contractually responsible to pay.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's name _____Date_____

Patient, guardian or guarantor signature_____ Date_____

***Consult your state's applicable laws and regulations for limitations regarding fee limitations and restrictions.**

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