**Non-covered Services Acknowledgement (for insured patients only)**

I understand that the services performed by and/or supplies prescribed by the dentist may not be considered eligible for benefits by my insurance carrier. I understand that my insurance coverage has certain restrictions, as well as non-covered services and supplies.

Nearly all dental benefit plans are the result of a contract between the plan sponsor (usually an employer or a union) and the third-party payer (usually an insurance company). The amount the plan pays is determined by the agreement negotiated by the employer with the insurer.Dental coverage is determined not by the patient’s dental needs, but by how much the employer contributes to the plan.

If my dependent or I choose to receive the services and/or supplies prescribed by the dentist and they are not covered by my insurance, **I agree in advance to accept full financial responsibility for all costs associated with the non-covered services which includes any denied claims by my insurance.**

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Patient’s Name (or Guardian) Print Patient’s (or Guardian) Signature

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Date