

**DeHaven Family Dentistry
2206 East Tenth St
Anderson IN 46012**

Dear Patient, Parent or Guardian,

The office is happy to cooperate with individuals who are covered by Dental Insurance. We only ask that YOU carefully read your policy to be sure that you are fully aware of any restrictions that apply to the benefits provided. Dental Insurance is a CONTRACT between the INSURED and the INSURANCE COMPANY for reimbursing the costs of dental services.

The fees we charge for services rendered are our usual and customary fees charged to all patients, with or without Insurance.

If you do have Insurance, there are multiple types of coverage, deductibles and maximums. Please note some Insurance Companies pay claims promptly while others delay payment for several months. Keeping this in mind, we must stress, regardless of what we might ESTIMATE, you are responsible for the TOTAL COST of your dental treatment.

If I or my staff quotes you a fee based on the information we have, you must remember that this is only an ESTIMATE. If your Insurance DOES NOT PAY what we quoted, YOU ARE RESPONSIBLE for the BALANCE.

We are always willing to send a PreDetermination to your Insurance to get a more accurate amount they might pay on dental procedures.

You are responsible for your **co-payment** percentage and all deductibles **at the time service is rendered**. Please let us know if we can answer any other questions concerning your benefits.

Lastly, by signing below you agree to be **responsible for payment** of all services rendered on your behalf or on behalf of your dependents.

Thank you,

Dr Robert Todd DeHaven

Patient Signature _____ Date _____