



**LEE DENTAL ASSOCIATES**

Elbert M. Lee, D.M.D. & Travis A. Thompson, D.M.D.

## **Insurance Benefits**

I understand that this Dental Office is not responsible for the actions of my dental insurance company. Lee Dental Associates does not guarantee any aspect of my dental insurance coverage. Eligibility is not a guarantee of coverage or payment as actual benefit payments are determined only when a claim is processed. Our fees are based on a combination of our costs, our time and our constant dedication to providing our patients with the highest quality dental care. The treatment recommended by our office is never based on what your insurance company will pay. Your treatment should not be governed by your insurance contract.

I have reviewed my benefits and understand that I will be quoted an estimate due today. Then my insurance will be filed. Upon insurance payment to this office there may be a balance due from the patient that insurance did not cover.

I agree to pay for all services that are provided to me by Lee Dental Associates including any amounts due after third party/insurance payments. I authorize the release of any information from my records which may be required for third party payments. I agree to pay all costs of collection of a past due balance including reasonable attorney fees, prejudgment, interests and costs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_