

# *Classic Dental, Inc*

Phone: (407) 302-7774 / Fax: (407) 302-5651

## A Notice to our PPO, Traditional and Commercial Insurance Patients

Your insurance company will only pay for those services they deem to be responsible and necessary. If for any reason your Insurance company determines our diagnoses and treatment does not meet the criteria of your contract, they may deny payment to this practice. In this case charges for those services become the responsibility of the patient. We will work with you to appeal any such findings by your insurance company resulting in denial. If payment is still denied under your policy, the responsibility for payment is transferred to the patient/member.

By signing below you acknowledge that your insurance company may deny benefits to this practice for service provided. In such case, you agree to be personally responsible for payment. Your dental insurance is a contract between you and your insurance company.

Please Print:

Patient name: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Patient or Responsible part (if other than patient)

\_\_\_\_\_  
Date