



A. SCOTT CROSS, D.D.S.

2718 N. Highland Ave.
Jackson, TN 38305
Telephone: (731) 668-8344
www.scottcrossdds.com

INSURANCE POLICY

AS A COURTESY TO YOU, WE WILL BE HAPPY TO FILE YOUR INSURANCE CLAIMS FOR YOU.

IT IS IMPERATIVE, HOWEVER, FOR YOU TO UNDERSTAND THAT OUR OFFICE, OR ANY DENTAL OFFICE, CAN NEVER GUARANTEE THAT YOUR INSURANCE WILL PAY YOUR CLAIM OR ANY PART OF YOUR CLAIM.

IF YOU WISH, WE CAN ESTIMATE WHAT YOUR INSURANCE MIGHT PAY FOR A SPECIFIC SERVICE. HOWEVER, YOU MUST UNDERSTAND THAT THIS IS PURELY AN ESTIMATE, AND EVEN IF WE CALL YOUR INSURANCE COMPANY OR SEND FOR A PRE-ESTIMATE, THE FINAL PAYMENT OF YOUR CLAIM MAY BE DIFFERENT FROM ANY ESTIMATE.

IT IS YOUR RESPONSIBILITY, NOT THAT OF THE DENTAL OFFICE, TO KNOW EXACTLY WHAT YOUR INSURANCE MAY OR MAY NOT COVER, AS WELL AS ANY DEDUCTIBLES, LIMITS, WAITING PERIODS, AND MAXIMUMS.

IF YOU ARE CONCERNED ABOUT WHETHER A SPECIFIC PROCEDURE IS COVERED, YOU SHOULD CALL YOUR INSURANCE COMPANY YOURSELF TO MAKE SURE YOU ARE COVERED.

YOU ARE RESPONSIBLE FOR ANY AMOUNT YOUR INSURANCE DOES NOT COVER, REGARDLESS OF ANY ESTIMATE MADE BY THE DENTAL OFFICE.

I HAVE READ AND UNDERSTAND THE ABOVE INSURANCE POLICY AND AS EVIDENCE OF THIS FACT SIGN MY NAME BELOW.

SIGNATURE _____

DATE _____