



600 N. Mountain Ave. #D205, Upland, CA 91786 (909) 985-9866

WE WOULD LIKE TO WELCOME YOU TO OUR PRACTICE AND LOOK FORWARD TO PROVIDE YOU WITH THE FINEST DENTAL CARE.

IT HAS COME TO OUR ATTENTION IN THE SERVICING OF MEMBERS FROM SEVERAL DENTAL PLANS THAT THEY ARE UNAWARE THAT SOME DENTAL SERVICES WHICH ARE AVAILABLE UNDER THEIR PLANS REQUIRE A CO-PAYMENT. WE WILL ASSIST YOU IN DETERMINING YOUR BENEFITS AND LET YOU KNOW WHICH AREAS ARE NOT COVERED. WE WILL MAKE SURE YOU ARE AWARE THAT CO-PAYMENTS ARE REQUIRED BEFORE DENTAL PROCEDURES ARE BEGUN.

WE WISH TO PROVIDE YOU FINE QUALITY OF CARE AND WE WILL BE ABLE TO BETTER SERVICE YOU IF YOU WILL FAMILIARIZE YOURSELF WITH YOUR BENEFITS. IF YOU HAVE QUESTIONS REGARDING THE LIMITATIONS OF YOUR PLAN, PLEASE CONTACT YOUR INSURANCE COMPANY FOR AN EXPLANATION.

I UNDERSTAND THAT ANY CO-PAYMENTS DUE UNDER MY PLAN WILL BE PAYABLE IN FULL AT THE TIME OF SERVICE, UNLESS PRIOR FINANCE ARRANGEMENTS HAVE BEEN MADE.

I ALSO UNDERSTAND THAT THERE WILL BE A CHARGE FOR ANY APPOINMENT NOT CANCELLED OR CHANGED 24 HOURS IN ADVANCE.

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SIGNATURE	DATE