

Insurance Disclosure

I have read and understand these disclosures.

As a courtesy, we are happy to submit your insurance for you. We try to estimate as close as possible to your insurance coverage with the information your insurance company provides us. Please understand the insurance company does not guarantee benefits and amounts could vary from yearly deductible, prior orthodontic treatment, changes to your insurance plan or early termination of policies.

Each insurance company has their own policy, but most pay for orthodontics in installments over the course of treatment. This is, on average, over 24 months.

We suggest checking the insurance balance with us prior to making any changes to your policy.

Please notify us, as soon as possible, of any changes to your insurance coverage so that we may maximize your benefit or work out a payment plan for any unpaid insurance balance.

| Signed | Printed Name |
|--------|--------------|
| Date | |