

# MADISON FAMILY DENTISTRY

GENERAL & COSMETIC



LANCE D. DILLON, M.S., D.M.D.

We submit insurance claims as a courtesy to our patients. The patient portion of particular dental service(s) is estimated and due at the same time of service. This amount may be subject to adjustment when the dental service(s) and or claim(s) are paid by the insurance company. In addition, certain insurance companies have annual limitations for the amount of dental services that can be reimbursed with each plan year. You will be responsible for the full amount of dental services that exceed the particular plan's limitations. The patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. You as a patient are always responsible for any charges that are not covered by your insurance.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_