

LETTER OF UNDERSTANDING  
OFFICE INSURANCE POLICY

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

We are pleased that you have the benefit of dental insurance coverage and we will be happy to assist you in using your benefit program. Our office staff understands your insurance coverage and will help you to maximize the benefits allowed under your plan.

You must realize, however, that:

- Your dental benefits are under a contract between **You, Your Employer and The Insurance Company**.
- Our fees generally are **not** fully covered by the maximum allowance determined by your insurance carrier.
- All dental services are **not** covered by benefits.
- **You** are responsible for all fees incurred for services rendered to you.

Please discuss your proposed dental treatment with our staff and ask all necessary questions before you begin treatment.

\_\_\_\_\_  
Office Personnel Signature

I understand and agree to abide by this policy.

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