Steeplechase Dental

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IMPLANTOLOGY
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Dear Patient,

We ask that you please read and sign this form as it concerns you, the patient.

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy, therefore we urge you, the patient to please check with your insurance company regarding your coverage. It is YOUR responsibility to know YOUR individual coverage and its limitations. Failure to comply with this suggestion could result in you, the patient, being responsible for all costs incurred. Please remember that your insurance policy is between you and your insurance company.

If you have a co-payment or out of pocket expenses, deductible, etc, it must be paid at the time of service.

Please call your insurance company and learn about your coverage. It may save you a lot of confusion and out of pocket expense.

By signing below, you are also indicating that you have received and read our Notice of Privacy Practices.

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