



VELASQUEZ-PIERCE FAMILY DENTISTRY

1872 S. Tamiami Trail, Suite E, Venice, Florida 34293 | 941-497-4997

V & P FAMILY DENTISTRY FINANCIAL/INSURANCE POLICY

As a courtesy to our patients, we complete all insurance form relative to dental service rendered. We do our very best to give an accurate estimation of how much dental insurance will cover for a given procedure. However, insurance estimation is not a guarantee of payment. Please keep in mind you are responsible for your total obligation should your insurance result in less coverage than anticipated.

Patients with out-of network insurance will be asked to pay in full for services rendered. However, we will be happy to fill out the claim on your behalf indicating direct payment to the patient.

Please remember that your policy is with your employer and your insurance company. Our office has not control over your benefits. We will however make every effort to get the maximum coverage for your individual policy allows for service.

Your signature indicates that you:

- Have read and understand the above information
- Out-of-network insurance patient will file claim provided for their reimbursement
- Understand that payment is expected at time service is rendered, regardless of whether the responsible party is present at time of appointment.

Patient Signature: _____ Date: _____

Patient Name printed: _____