

PERSONAL GUARANTEE

As a courtesy to you Dr. Ohri & Associates will be happy to submit any bills you incur for dental treatment and services to your insurer for payment. Additionally, our office will make every reasonable attempt to provide estimated costs and secure pre-determination of coverage in accordance with the terms of your applicable insurance plan.

Neither our submission of bills to your insurer nor the providing of estimated costs shall be considered an agreement on the part of Dr. Ohri & Associates to accept insurance payment as full and complete satisfaction of your obligation to pay for dental services rendered to you and/or other family members.

You are personally responsible for payment of ALL dental services regardless of insurance coverage. Should you experience issues regarding insurance coverage and/or payment for ANY dental service, it is YOUR responsibility to straighten the matter out with your insurer.

Be aware that any predetermination made by your insurer that a particular dental service and/or procedure is covered under your dental plan is not a guarantee of payment for the service or procedure.

YOU ARE PERSONALLY RESPONSIBLE FOR FULL PAYMENT OF ALL DENTAL SERVICES AND/OR PROCEDURES REGARDLESS OF ANY PRE-APPROVAL GIVEN BY YOUR INSURANCE COMPANY!!

By my signature I acknowledge my understanding of this guarantee and, I agree to be personally responsible for payment of any unpaid balance for dental services and/or procedures regardless of whether those services and/or procedures are covered by my dental insurance plan.

Date

Signature