NOTICE TO PATIENTS, INSUREDS, AND GUARANTORS

DENTAL PLAN DENIALS

Your dental plan will only pay the dentist if the services you received are covered services under the terms and conditions of the dental plan. If you are a member of a Preferred Provider Organization, or an Indemnity plan, your dental plan may reduce or deny some or all benefits if:

- They consider services are not dentally necessary
- The service is not a covered service.

Dental plans review these services to determine if the services are dentally necessary. Generally, dentally necessary means services which are:

- Appriopratiate and necessary for the symptoms, diagnosis or treatment of a dental problem.
- Not primarily for cosmetic purposes of the dental plan member or the member's dependants.
- The least costly of alternative supplies or level of service which can be safely and effectively provided to the patient.

We cannot accept the financial risk for services which you receive, which are subsequently determined by your dental plan to not be dentally necessary. Your financial agreement with the dentist is that you will ultimately be responsible to pay for all services you received whether or not the dental plan determines the services to be covered services or dentally necessary.

The undersigned certifies he/she has read the foregoing, receiving a copy if requested thereof, and is the patient, the patient's guardian, insured or guarantor, and accepts its terms.

_____ _____

Patient, Insured / Guarantor, Guardian (Signature) Name of Patient (Printed)

_____

Date