450 Broadway

Dobbs Ferry, NY 10522

Due to the large number of dental insurance plans available and the fact that they frequently change their rules of coverage, we ask that you understand that it is almost impossible to keep track of all of their the benefits and limitations. While we attempt to be as up to date and informative as possible, we ask that you carefully read, understand and agree to the following:

I, the undersigned, understand that I am responsible for <u>all</u> of the <u>allowable</u> charges under my insurance plan for which my insurance company does not pay.

Further, I understand that it is <u>my</u> responsibility to inquire with my insurance company as to the doctor's participation, the extent and amount of my co-payments, deductibles, benefit limits and limitations of treatment.

While Dr. Beck and his staff may attempt, when asked, to answer questions about the above, they are not responsible for changes, cancellations, terminations, alternate benefit substitutions, misinformation or mistakes on the part of my insurance company.

Signature of patient or guardian if minor child	Date
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