

# Patient Responsibility Notice Waiver Form

## Patient

Name: \_\_\_\_\_

Here at Owen Family Dentistry, we provide many different types of dental services including exams, emergency treatment, fillings, crowns, extractions, root canals, periodontal treatment and all forms of general dentistry. Although most insurance companies cover a percentage of most services, there are some insurance companies that do not cover certain types of procedures.

Our staff makes every effort to assist you in understanding your dental health benefits. However, it is impossible for us to know all the many different employer group benefits from one employer to the next. Therefore, we are providing this Notice to inform you of the following responsibilities as they relate to benefit coverage and payment responsibilities by the patient and Owen Family Dentistry.

### ***Owen Family Dentistry's Responsibilities:***

Owen Family Dentistry is not responsible for knowing what services are covered by the patient's insurance plan and is not responsible for informing the patient whether a particular service is covered.

Owen Family Dentistry will assist the patient in obtaining payment from his/her insurance company by submitting the necessary insurance claims.

### ***Patient's Responsibilities:***

It is the patient's responsibility to know and understand his/her own dental insurance benefit coverage and limits. The patient is ultimately responsible for payment for all services rendered by Owen Family Dentistry at the time of treatment, and the patient must pay for any services not covered by the patient's insurance company.

By signing below, I hereby acknowledge and understand my responsibilities as a patient of Owen Family Dentistry and accept that Owen Family Dentistry is not responsible for knowing my dental insurance benefits for services provided.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date