



128 Lakewood Center Mall  
Lakewood, CA 90712  
(562) 531-7788

## **NOTICE TO INSURANCE PATIENTS**

I understand that I am responsible for my balance with **iSmile Dental Care**, including under the following circumstances:

- A: The treatment goes over my insurance company's yearly maximum benefit.
- B. My insurance company denies treatment.
- C. I am not eligible for insurance.
- D. The insurance benefits are less than what was indicated on **iSmile Dental Care's** Estimator.
- E. I prevent or delay payment by not complying with requests for insurance forms and signatures.
- F. I do not complete my treatment and it results in non-payment by my insurance company.
- G. Lab costs are incurred due to my failure to appear at my appointments.
- H. **I RECEIVE MY INSURANCE CHECK AND DO NOT SEND IT TO iSmile Dental Care.**

**I have read and understand that I am financially responsible for all charges not paid by my insurance.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_