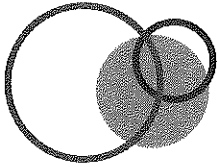


Dentistry for Infants, Children & Adolescents



**TIMOTHY A. CLOMB, DMD, P.A.**  
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## Dental Insurance Information

We are committed to provide your family with the best possible care. As a service to you, we will assist in filing your insurance claims. So that you can best utilize your dental insurance, we need your assistance and your understanding of our insurance policy.

For new patients to our practice (or established patients with a change of insurance), we request that you provide us with your insurance information 48 hours in advance of your visit. You will be required to pay your estimated portion. If you are unable to furnish this information, payment for services will be due at the time of the appointment and we will be happy to assist you in filing your insurance for your reimbursement.

Payment for services, including deductibles and co-payments, is due at the time services are rendered. We accept cash, checks, MasterCard, Visa and Discover.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. However, please note:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. All insurance co-payments are estimates only. Actual reimbursement from your insurance company may vary.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as health care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We appreciate your prompt settlement of any changes that may be incurred during treatment.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date