



PERRI MALEK, DMD

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OFFICE INSURANCE POLICY

Dear Patients:

Many patients have a form of managed care insurance. Under the same insurance plans have variations depending on the employer or the state who contracted with the insurer. We accept many plans and it is impossible for us to know the details and restrictions of every plan.

It is essential that you know what services are covered by your insurance and what is needed for your visits.

During the course of your evaluation and treatment, we may provide services to you that are not covered by your insurance and may be denied by your insurer. We will inform you ahead of time what these services are, to the best of our knowledge, and provide our fee to you. We will bill you and expect payment from you for these services. Please sign below with today's date to indicate that you agree to assume responsibility for payment of co-payments and non-covered services.

Please be aware that your insurance has been checked and verified before treatment is render, but it is still not guaranteed until the service is paid by your insurance company.

There is always a rare possibility that some, and perhaps all, of the services may be non-covered, and it is your responsibility to pay for these services in full.

To the best of our knowledge, we will inform you ahead of time what these services are and provide our fee to you.

Patient's Signature

Date