

Out of Network Acknowledgment

Thank you for choosing Dental Partners of Brookline as your dental care provider. We are committed to you and your treatment and having a successful relationship.

<p>This form is making you aware that our practice does NOT participate with your insurance and is considered out of network. You are required to pay the full cost of treatment at the time of your appointment.</p>	
<p>Please understand your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, we happily file all claims on your behalf and handle all inquiries from your insurance for you as well provide certain services, including a pre-treatment estimate which we send to the insurance company at your request to more accurately estimate your portion. Please note, that even though an insurance will offer a pre-estimate quote, it is never a guarantee of payment as stated on their estimates.</p>	
<p>It is physically impossible for us to have knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer/benefits liaison has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf. Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.</p>	
<p>Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered.</p>	
<p>By signing this form, I acknowledge that Dental Partners of Brookline is an out of network provider for my insurance.</p>	
<p>Signature</p>	
<p>Date</p>	