## Gold Coast Dental Care

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Angela Gisonda, D.D.S Elyssa Bernstein, D.D.S

## **Consent for Non-covered Services**

I realize that I am r	esponsible for additio	onal fees that are a	associated with	the following
services or any of	ther services that are i	not covered unde	r my dental ins	urance plan:

- 1) White Posterior fillings (Back Teeth)
- 2) Semi-precious metal on all crowns and bridges/lab fee
- 3) Procera Crowns
- 4) Core Buildups
- 5) Fluoride Treatments
- 6) Lab Dees (dentures, partials, night guards and flippers)
- 7) Limited Exams
- 8) Implant Crowns and Abutements

Print	Signature	Date