**This is to Acknowledge that I Have Assigned Benefits from My Dental Insurance Policy to Gold Coast Dental Care, P.C.**

In the event that the dental insurance company declines payment, pays less than expected due to my ineligibility, that the services provided are not covered for any reason or if I have reached my maximum benefit for the year. I understand that I am responsible for the payment.

Patient is responsible at all times to know the dental insurance balance available prior to any dental work.

If I am unable to keep my appointment, I will notify the office 24 hours in advance or be liable for a charge of $75 for a standard appointment or $150 for 1 ½ hour appointment or longer.

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Patient Print Signature  Date