

**Consent for Services:**

Thank you for choosing Union City Dental Associates. In efforts to better serve you, we would like to take the time to explain the billing process at our office.

Once you provide the office with your dental insurance, we call your insurance company and verify your benefits. The information we receive from your insurance company is **only an estimation** of coverage and **not a guarantee**.

After you have been seen in our office, we will file your claim to the insurance company directly. If the insurance company does not cover the estimated amount in full, you will receive a statement in the mail and be responsible for the remaining account balance.

For all patients without insurance, payment is due at the time of service.

I have read and understand the billing process at Union City Dental Associates.

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Patient’s Name (Printed)

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Patient Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date