

ACKNOWLEDGEMENT OF UNDERSTANDING

*I, the undersigned, understand the payment policies and procedures of Advanced Dental Care Center. By signing below, I agree to follow the policies and procedures. I agree to follow these policies and procedures. I understand that services **can not** be given unless this document is signed at my visit; I understand and will be prepared to pay 100% for all services provided to me at the time of service on each visit to this office.*

Signature _____ Date _____

Often, insurance companies request documents from a patient's file when reviewing a claim. In order for our office to comply with such a request we must have your approval. A signature below will allow us to send your insurance company any records that they may request.

Signature _____ Date _____