

# *Sedation Dental Care*

3917 Sunset Ridge Road

Raleigh NC 27607

919-783-9686

## **INSURANCE AGREEMENT**

I, \_\_\_\_\_, do hereby authorize Sedation Dental Care to file insurance claims, pre-estimates, or any information pertaining to my dental care with the dental insurance I have provided.

I understand Sedation Dental Care is NOT a PROVIDER for any insurance company and is considered an outside party. I understand that any information obtained by team members at Sedation Dental Care is strictly based on information my insurance company has provided. Any estimate given is truly an estimate only.

I understand that my insurance coverage is an agreement that I have with the insurance company. I understand that I am responsible for my account balance, regardless of any insurance coverage.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_