

**Chris E. Perkins, DDS  
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**Insurance Disclosure and Agreement**

Our office strives to be up to date with most insurance company's benefits and policies. There are hundreds of different insurance companies and different plans for individual employers. As a courtesy to our patients, we will call your insurance company for your benefits, and explain them to you to the best of our ability. **We will wait 30 days for your insurance company to pay our office**, so we will estimate your patient portion for you to pay, at the time service is rendered.

Our relationship with you is very important to us, and we do our best to give you the correct information. Sometimes, we cannot foresee policy changes put into affect by your insurance company, nor do we have your insurance company's fee schedule. The amount we ask you to pay is only an approximation, and you will be responsible for whatever the insurance company does not pay.

This is a good faith document that you will be responsible for the balance the insurance company does not pay.

Name of Dental Insurance Company \_\_\_\_\_

Print Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your Cooperation!