

FLORENCE FAMILY DENTAL, PC

General & Cosmetic Dentistry for The Entire Family

*Scott A. Blum, DMD
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609-499-4915*

I understand that FLORENCE FAMILY DENTAL, PC has agreed to file with my insurance company a claim for reimbursement for recent dental services rendered on my behalf.

I fully acknowledge that payment is based solely on my contract with the insurance company, and I do hereby agree to pay for any services not fully covered by the insurance company. I authorize the release of all dental information necessary to process the claim.

In the event the procedure billed is deemed non-covered, full contracted payment is not received, my deductible has not been satisfied, or for any reason whatsoever the insurance company does not make full and prompt payment to FLORENCE FAMILY DENTAL, PC, I agree to settle the account in full within 30 days of notice of the failure of my insurance company to pay.

PATIENT OR GUARANTOR SIGNATURE

DATE