Thomas J. Gilbert DDS P.C.
Royal Oak Dental
715 North Main Street
Royal Oak, Michigan 48067
248-398-1818

Dear Patient:

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of changes, it is not always possible. Therefore, we urge you, as the patient, to please check with your insurance company prior to any major periodontal, restorative or surgical procedures.

IT IS YOUR RESPONSIBILITY TO KNOW YOUR DENTAL COVERAGE.

Your insurance policy is between you and your insurance company. Filing your insurance claim is a courtesy performed by our staff members.

Any co-pay quoted are an estimate only.

I understand that any insurance estimate given to me by this office is not a guarantee of actual insurance payment.

I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependents in this dental office.

Any insurance claim not paid in full after 60 days will become my responsibility to pay at that time.

_____ _____
Patient Signature Date

AUTHORIZATION AND RELEASE

(Insured Party and Family Members)

Name of Insured:_____

I authorize the doctor to release all necessary information to third parties in order to secure the payment of my accounts. I authorize the use of this signature on all insurance submissions. I request that payment of authorized insurance benefits be made on my behalf to: **THOMAS GILBERT DDS PC**

_____ _____
Insured Signature / Responsible Party Date