



**DENTAL/MEDICAL INSURANCE
COVERAGE NOTICE AND DISCLAIMER**

1. I understand and agree that the Harvard Dental Center does not represent my dental/medical insurance company and that this office can not make ANY representation or warranty that my dental/medical insurance company will cover all or any portion of the dental services provided by the Harvard Dental Center.
2. I further understand that I will be billed and will be responsible to pay for any and all amounts not paid or covered by my dental/medical insurance company.
3. I realize that such bills will include amounts incurred from deductibles, co-payments and amounts not paid by my dental/medical insurer due to exhaustion of my benefits.
4. I acknowledge that it is my ultimate and sole responsibility to determine whether a dental procedure or treatment is covered by dental/medical insurer. Harvard Dental Center representatives will work with my dental/medical insurance company to assist me, when possible, to understand the insurance benefits available to me.
5. I acknowledge and understand that the Harvard Dental Center strongly recommends that you not commence with any dental/medical procedures if you believe that your dental/medical insurance will not cover or that your benefits will be exhausted prior to completion. You will be 100% responsible for any treatment not covered. The Harvard Dental Center strongly recommends a Prior Authorization for any questionable dental/medical care that you may receive from this facility.
6. I further understand that any statement made by any individual at the Harvard Dental Center concerning my dental/medical insurance coverage can not be relied upon as a guaranty of coverage.

After reading this Notice and Disclaimer concerning my dental insurance coverage, I agree to the above policy.