



I understand that I am financially responsible for all dental services rendered. As a courtesy, Drs. Merle & Zicherman will submit insurance claims on my behalf.

All insurance claims that are not paid within ninety (90) days will become my responsibility and prompt payment is then expected.

Note: Estimated insurance payment is only an estimate and may not be accurate. It may vary according to the guidelines of my specific insurance policy. Any and all disputes, regarding a dental claim payment, are between you and your insurance company.

Thank you for your cooperation.

Signature \_\_\_\_\_ Date \_\_\_\_\_