

**ALEXANDER ANTIPOV, D.D.S., INC.**

***PRACTICE GUIDELINES***

*It is our main goal to provide you with the highest quality dental care possible, while maintaining affordable fees. Please read the following guidelines carefully so that we may achieve these goals together.*

***DENTAL INSURANCE***

*If you have dental insurance, it will be our pleasure to process your insurance claim as a courtesy to you. We take pride in making every effort possible to obtain the maximum benefit allowable under you plan. For your convenience, an estimate will be provided before treatment is scheduled.*

*Estimates are not a guarantee of payment by your insurance. Since we are not involved in the contract with your employer and the insurance company, all treatment not covered with your employer and the insurance company, all treatment not covered and payable by the insurance plan will be your responsibility. We require all patients to be directly responsible for all chargers.*

***FINANCIAL OPTIONS***

*Payment is required at the time service is rendered. We accept MasterCard, Visa, and Discover. We accept payment by cash or checks at the time of service.*

I have read the above and I authorize the release of information related to my claim. I hereby authorize payment directly to the attending dentist of the insurance benefit. I understand that I am responsible for all costs related to my dental treatment.

These guidelines have been reviewed and explained to my satisfaction.

---

Patient Signature / Parent Signature (if minor)

---

Date