

**Timothy A. Ungarean D.M.D.,F.A.G.D.**  
**3153-A Brodhead Road**  
**Aliquippa, Pa. 15001**  
**724-857-1010**

#### **NOTICE TO PATIENTS WITH INSURANCE**

Your insurance is a contract between you and your insurance carrier. As such, you are responsible for any amount that they refuse to pay and also for your deductible and percentage of payment that is not covered by your insurance carrier. If you do not have the funds today to pay your part of the dental services that you are scheduled for, please let the front office staff know your situation and arrangements will be made for another appointment. You are expected to pay your part of the payment at the time that services are rendered. This will help us to keep the costs of dentistry down so that we can provide services to each of you at a reasonable fee. Please help us in this goal by being prepared to pay your part.

#### **NOTICE TO ALL PATIENTS**

Payment is expected at the time of service. If you will have a problem with paying for today's services, please let our office staff know this before your appointment. Prompt payments help us to keep dental fees more reasonable.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_