



Please be advised regarding Insurance Billing

It is our office's policy that we must be informed of all insurance with pertinent membership information (i.e. Name, Date of Birth, Policy Number, and Copy of Insurance Card if applicable) at Time of Service or at Time of Order. Failure to provide all necessary information at Time of Service or Time of Order will result in insurance **not** being billed for services or materials. We will **not** backdate Authorizations or submit to insurance after the fact. **The patient is responsible and must self-submit to their insurance for reimbursement.**

Patient/Legal Guardian's Signature: _____ Date: _____