



2819 Dawson Street. Anchorage, AK 99503 Ph: 907-562-4774

Email: info@alcanfamilydental.com

Use of Dental Insurance and Payment Agreement

We are committed to providing you with the best possible care. If you have dental insurance, we will bill your primary and secondary plans. We do not file a third insurance company.

Your co-payment and deductible are due on the day the services are rendered. We accept cash, checks, Visa, MasterCard, Discover, American Express, and Care Credit/Lending Club.

If you do not have insurance, your payment is due the day the services are rendered.

Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. Our relationship is with you, not with your insurance company.

Please sign below:

- I understand that the filing of insurance claims is a courtesy extended to me and that all charges are my responsibility from the date the services are rendered.
- I understand that the insurance verification percentages and annual maximum amount given to the staff at Alcan Family Dental by my insurance company ***is not a guarantee*** of payment by my insurance company.
- ***I also understand that my insurance may not pay for all services as stated.*** After I have paid the co-pay requirement, and the insurance company has paid Alcan Family Dental, I am aware that I will receive a bill for the remaining unpaid balance.

Patients Printed name or Legal Guardian name: _____

Patients Signature or Legal Guardian of a Minor: _____

Date: _____