



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

### THE DEPARTMENT OF DENTISTRY – CHARGES AND INSURANCE

The following is an estimate of the costs of the dental work planned; please note that this is an estimate. It is possible that we will find that different work must be performed and/or that the extent of what is necessary changes the actual cost. The Dental Department operates on a fee-for-service basis, and we attempt to keep our fees comparable to those in this geographic area. We welcome and encourage payment at the time of your visit by personal check, credit card or cash. This simplifies paperwork and helps keep charges as low as possible. For procedures in which dental insurance may be applicable, we have staff experienced in expediting such reimbursement. For dental procedures in which a laboratory construction fee is incurred (crowns, bridges, partial and complete removable prostheses), we require payment of half the fee at the first appointment in which construction is begun and payment of a balance upon delivery of the appliance.

PROCEDURE DESCRIPTION	CDT CODE	ESTIMATED FEE	ESTIMATED PT RESPONSIBILITY WITH INSURANCE	ESTIMATED PT RESPONSIBILITY WITHOUT INSURANCE
CROWN & BRIDGE				
RESTORATIONS				
ENDODONTICS				
PERIODONTICS				
PROSTHODONTICS				
ORAL SURGERY				
IMPLANTS				
<b>TOTAL ESTIMATE</b>				

DATE: \_\_\_\_\_ DENTIST: \_\_\_\_\_

PATIENT: \_\_\_\_\_ ATTENDING: \_\_\_\_\_

**NOT A CHART DOCUMENT**