

H. Lee Martínez D.D.S., Inc.
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Dear Patient,

We are happy to provide you with the service of inquiring about your insurance benefits to the insurance companies. It is, however, your responsibility to make yourself aware of your insurance benefits. Our proposal of treatment is an estimated cost of the service that is provided to you. Insurance's do not always cover their estimated portion. It is also your responsibility to pay any monetary discrepancies not funded by your insurance company. Please be prepared to pay your estimated portion at the time of service.

If at any time you change your insurance coverage to a different company or plan, it is your responsibility to inform our office. If the procedure is not covered by insurance when it is billed for any reason, it is your responsibility to pay for the treatment.

If you have questions regarding your dental benefits please contact your insurance company prior to your appointment.

All patients, please be advise of our 24 hour cancellation policy. A 24 hour notice is necessary for cancellation or rescheduling. Please note, that when an appointment is given to you there is a specific time set aside for your exam and our treatment. Consequently, there will be a \$75.00 charge for a missed appointment if it is not reschedule or notice is not given before 24 hours. Thank you for your cooperation.

Patient signature _____ Date _____