

# Brookdale Dental Group

## Insurance/Financial Policy

**Any insurance quote I receive from Brookdale Dental Group is only an estimate, not a guarantee of payment. As the insured, I am responsible for understanding my insurance policy. I acknowledge and agree that it is my responsibility for the full cost of treatment whether or not reimbursement is granted by my insurance company.**

**Patient Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient and/or  
Responsible party** \_\_\_\_\_ **Date** \_\_\_\_\_