

Dr. Kenneth Cho Dentistry

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Lahabra-dentist.com

Insurance Agreement

Our office will render services for patient _____ As long as patient remains covered by present dental insurance. Having dental insurance is not a guarantee of payment, therefore patient is aware and understands should His/ Hers insurance **Not** cover any service rendered, patient is responsible for Monies owed for Subscriber (self), Spouse, or Any Dependents on His/ Her plan.

Patient is also responsible for all **Co-payments, over max fees, and Deductible** if Any. It's also Patient responsibility to notify our office of any changes regarding dental coverage.

If for any reason coverage should terminate, **I the patient / Responsible party** will be responsible to pay for Service rendered unless other arrangements have been made. Failure to pay may result in reporting to the local credit bureau and collecting agency in effort to satisfy the balance.

Signature: _____ Date: _____