



Stockton Family & Cosmetic Dentistry, P.A. | Ruges F. Stockton, D.D.S. | 5219 Two Notch Rd. | Columbia, SC 29204

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I understand that I am ultimately responsible for any fees incurred from treatment I receive at Stockton Family & Cosmetic Dentistry.

I understand that Stockton Family & Cosmetic Dentistry will make every effort to help me get the maximum benefit from my insurance plan(s).

I understand that Stockton Family & Cosmetic Dentistry may ESTIMATE what the insurance company will pay and this estimate is no guarantee of payment by the insurance company.

I further understand that the staff will gladly answer any questions I may have about coverage issues, to the best of their ability, before services are rendered and that payment is due at the time of service.

Finally, I understand that insurance may not pay for a particular service in full and that my plan(s) may not cover some services at all. I agree to pay any co-pay, deductible, or estimated fees not covered by insurance at the time of service and that I am responsible for any balance left on my account after the insurance has paid.

Name of patient: (Print) \_\_\_\_\_

Signature of patient, Guardian or Legal rep: \_\_\_\_\_

Date: \_\_\_\_\_