



LEESBURG FAMILY & COSMETIC
D E N T I S T R Y

NON- COVERED SERVICES CONSENT FORM

HITECH ACT OF 2009

I understand that not all dental services are covered by my insurance plan and are not included as part of another service. These services include but are not limited to advanced dental material fees, upgrades, lab cost, implants, bone graft, membrane, composite resin fillings, fluoride, inhalation of nitrous oxide, professional teeth whitening, occlusal guards, radiographs not covered due to frequency as some examples.

- I choose to receive these specific services not covered by insurance.
- I agree to pay for these specific services.
- All alternative procedures were explained to me in detail.

I knowingly understand that the listed dental procedures may not be covered (paid) by my insurance plan because the procedures may not be considered medically or dentally necessary.

Leesburg Family and Cosmetic Dentistry has explained all risk, alternatives, and benefits to me, and I understand:

- Why the procedures are needed.
- How much procedures will cost.
- What methods I can use to pay for the procedures not covered by my plan.
- When I must pay the cost.

Signature

Date

Printed Name