

# **Chesapeake Comprehensive Dentistry, P.A.**

Southside Professional Center, 1346 S. Division Street, Suite 104, Salisbury, MD 21804

Telephone: (410) 749-0108

Fax: (410) 749-8392

I understand and agree that I am responsible for any unpaid balance on my account.

We will attempt to bill your insurance. However any unpaid balance on your account will be your responsibility.

Our office adheres to the highest standard of care and on occasion the insurance may deny coverage. In this case we will bill for the procedures performed.

Your dental health is important to us therefore we will not allow insurance companies to dictate our treatment recommendations.

---

Patient signature

---

Patient printed name

---

Date