



**Treatment Estimate Verbiage - Sample Template**

If, during the course of a procedure, it becomes medically necessary to alter this **estimated treatment plan**, you will be informed of any changes. The **ESTIMATE** of coverage shown is not a guarantee, as imperative treatment changes, eligibility, policy provisions, increase in insurance fees, insurance maximums and deductibles, and possible charges from other offices can affect payment from your insurance company. In summary, your insurance company may not pay the full **estimated** portion. This treatment **estimate** is to be used as a guide only. In some cases you may be responsible for the office's entire fee should your insurance company not allow any adjustments, or pay their **estimated** amount. Also, under some circumstances (ex. your insurance company pays more than their **estimated** amount) your account may reflect a credit which will be reimbursed to you at the completion of your treatment and after all payments have been collected. **YOU ARE RESPONSIBLE FOR ALL TREATMENT CHARGES NOT PAID BY YOUR INSURANCE.**

In the event that you skip or miss a payment, your treatment may be halted until you have resumed making your payments. This estimate will expire 60 days following the date printed above.

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

For your convenience we accept AMEX, Discover, Visa, MasterCard, CareCredit, Check or Cash payments.