

800B 5TH AVENUE, SUITE 2 NEW YORK, NY 10065 · 212.682.3313

INSURANCE AGREEMENT

DATE _____

This letter is to inform you of the UPDATED Insurance Policy for all patients with dental insurance/benefit plans.
Beginning January 1st 2016, all patients will be responsible for payment for dental services provided at the time of your appointment.
Though Dr. Anthony Classi is a non-contracted provider with all insurance/benefit plans, you may still be eligible to receive out of network dental reimbursement. Should you wish to receive an estimate of what your reimbursement might possibly be, Classi Smiles may reference a previously scanned insurance payment from your record.
Please note, all insurance plans are subject to change. Benefits and reimbursement provided is determined by the contract set forth between your employer and benefit plan. You are responsible to know your plan benefits and reimbursement rates.
Should you have any specific questions regarding your insurance/benefit plan reimbursement, you may contact your human resources department directly or your benefit plan.
As a courtesy, Dr. Anthony Classi will continue to submit claims on your behalf unless otherwise requested. All claims submitted will have a box checked off requesting that reimbursement be mailed directly to the subscriber.
By signing this agreement, I understand that I am financially responsible for dental services provided at the time of my appointment.
PATIENT NAME
PATIENT SIGNATURE