

J. Randall Kornegay, D.M.D.
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I, _____ understand that all Co-Pays and Fees quoted are only an **ESTIMATE** based upon the information that I have provided.

I understand that I may be billed for any balance remaining once my insurance has paid, even though I may have already paid the **ESTIMATED** Co-Pay as required by my insurance carrier at time of service.

- **Although we may ESTIMATE your insurance benefits we are not responsible for their accuracy. Knowledge of benefits as well as benefit amounts, limitations, exclusions, waiting periods, etc... is entirely YOUR responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of our ESTIMATE**

Signature/Responsible Party

Date

*As a courtesy to our patients, we are happy to file your dental claims at no charge, however it is NOT a guarantee of payment.