

# X-Ray and Insurance Agreement

## X-Ray Records and Insurance Notice

**By checking the boxes below, you confirm your understanding of North Meridian Dental Excellence's x-ray process:**

- Patient will contact their previous dental office to request copies of their x-ray records and have them emailed to our office at patientcare@smileindiana.com. \*
- Patient has been informed that if prior records are not received by the time of their appointment, our office will take necessary x-rays at that visit. \*
- Patient has been informed that our office will submit all x-rays to their dental insurance, if applicable. If insurance does not provide coverage, or if the patient is paying out of pocket, the patient understands and agrees they are responsible for the full balance. \*

## X-Ray Records & Insurance Acknowledgment

**By checking the boxes below, you acknowledge and accept responsibility for any x-ray charges not covered by your dental insurance at North Meridian Dental Excellence:**

- I will contact my previous dental office to request copies of my x-ray records and have them emailed directly to North Meridian Dental Excellence at patientcare@smileindiana.com \*
- I understand that if my previous records are not received by the time of my appointment, North Meridian Dental Excellence will take the necessary x-rays at my visit. \*
- I understand that North Meridian Dental Excellence will submit all x-rays to my dental insurance, if applicable. If my insurance does not provide coverage, or if I am paying out of pocket, I am responsible for the full balance. \*

Signature \*

Clear



Date / Time

