Out of network

By signing below, I understand that Maine Tiny Dental is out of network with my dental insurance carrier. I understand that Maine Tiny Dental does not have the ability to inform me of what my insurance may cover for the procedures that are being performed at my dental visits. As a courtesy Maine Tiny Dental will submit all dental claims to my insurance carrier. It is my responsibility to pay in full for all services rendered on the date they are performed. I lastly understand that my insurance company will reimburse me a percentage of the procedures that were performed.

If you do not receive a payment from your insurance company within one month of the date services are rendered. Please call them directly to see when you should expect your re-imbursement. Maine Tiny Dental has no affiliation with out of network providers therefore is unable to assist me additionally with any insurance related inquiries.

Printed Name:

Signature:

Date: