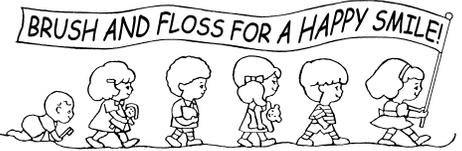


JONATHON EVERETT LEE, D.D.S., INC.

BRIAN D. LEE, D.D.S., M.S.D., INC.

Diplomates of the American Board of Pediatric Dentistry

Specializing in Dentistry for Infants, Children and Teenagers



1291 East Hillsdale Boulevard, Suite 100

Foster City, California 94404

Telephone: (650) 574-4447

Fax: (650) 574-4041

Regarding Your Dental Insurance

As the person(s) financially responsible for the patient, you will be charged directly for all professional services rendered. You are personally responsible for payment, and not the insurance company. If you have not submitted the required insurance information to our office for processing, then our office is not responsible for obtaining payments from the insurance companies.

Disclaimer about insurance benefits: Insurance benefit information that the insurance company provides us may not be accurate or current. We are not responsible if such information is incorrect. Most misunderstandings about dental insurance can be avoided if you have a thorough understanding of what coverage your policy does and does not provide.

Waiving the patient's copayment is a violation of the ADA Code of Ethics and California State Regulations and Laws. Accepting a third party payment under a copayment plan as payment in full, without disclosing to the third party payer that the patient's payment portion will not be collected, is fraud.

As a complimentary service, our office will assist you by preparing and submitting your insurance claims, and making collections from the insurance companies. To provide this service in a timely manner, we request your cooperation by providing us with all necessary dental insurance information. This would include all employee I.D. and group numbers as well as insurance claim mailing addresses.

This office renders services in the best interests of the health of the patient and makes no assumption that these services will be covered or paid by the insurance company.

Therefore, we require an estimated percentage of your Total Treatment Fee be paid prior to the commencement of any treatment, regardless of what your insurance coverage is. Persons responsible for the account that request insurance payments be sent directly to them must first have the account cleared before insurance claims are processed. You may arrange payment with our financial coordinator. Payment may be made in the form of Cash, Check, Visa, MasterCard or Discover.

After our office has received your processed insurance claim from the insurance company, your monthly statement will reflect the exact amount the insurance company paid, and what amount is owed by you. If the insurance company has paid more than the estimated percentage of your Total Treatment Fee, our office will reimburse whatever amount that is owed to you. Please be advised, if your insurance does not cover part or all of the treatment, then any unpaid balance is your responsibility.