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Like most group insurance policies, my dental policy may contain certain exclusions, waiting periods, reductions of benefits, limitations, and other terms for keeping them in force.

I understand that the fees I have been quoted, as well as the amount I have just paid, are estimates, based on the information Drs. Hoffman, Stein, and Lam have received from my insurance company. This is not a guarantee of my financial responsibility. The final benefit determination can only be made when a written **Explanation of Benefits** is received from my insurance company. If more monies are due, I will receive a copy of this EOB with an itemized bill from Drs. Hoffman, Stein, and Lam.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_