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## INSURANCE INFORMATION FOR THE PATIENT

**PLEASE READ THE FOLLOWING INFORMATION, AS YOU WILL BE HELD RESPONSIBLE FOR ANY AMOUNT NOT PAID BY YOUR INSURANCE COMPANY FOR ANY REASON. IF YOU HAVE ANY QUESTIONS, OR DO NOT FULLY UNDERSTAND THE INFORMATION PROVIDED, PLEASE ASK US ABOUT IT.**

**THANK YOU.**

**ANY INSURANCE BENEFIT ESTIMATES PROVIDED BY OUR OFFICE OR ITS EMPLOYEES ARE BASED ON AVERAGE BENEFITS PROVIDED BY INSURANCE COMPANIES. EACH PATIENT IS ULTIMATELY RESPONSIBLE FOR DETERMINING THEIR PARTICULAR INSURANCE COVERAGE, BENEFITS AND INSURANCE POLICY LIMITATIONS. THIS OFFICE STRONGLY RECOMMENDS THAT EACH PATIENT CONTACT THEIR INSURANCE COMPANY PRIOR TO ANY DENTAL TREATMENT, TO FULLY REVIEW THEIR PARTICULAR DENTAL INSURANCE COVERAGE, BENEFITS AND INSURANCE POLICY LIMITATIONS. EACH PATIENT AGREES TO BE FULLY RESPONSIBLE FOR ANY FEES ACCRUED, REGARDLESS OF ANY FEE INACCURACIES PROVIDED BY THIS OFFICE OR ITS EMPLOYEES.**

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