

# West Springfield Dental Arts

## Photo Acknowledgement

I understand that a photo may be required, from time to time, in order to supplement x-rays for insurance claims.

I understand that not all company plans cover photos and that there may be an out of pocket expense, however I also understand that my claim may not be paid without supplemental documentation.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

## Declination of Photos

I am declining to have photos taken as a supplement to my insurance claim. I understand that x-rays cannot always demonstrate the need for treatment and I accept financial responsibility for whatever is not covered by insurance as a result of lack of supporting documentation.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_