



Simply Beautiful Smiles of Medford  
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### Acceptance of Uncovered Charges

I \_\_\_\_\_ hereby acknowledge that it is probable that my insurance plan will not pay for all charges incurred in this office. I acknowledge that I am responsible for any charges refused or discounted by my insurance company. Further, I will pay for any collections or legal charges incurred in the collection of these charges should I fail to pay them during the agreed upon time.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_