

**Ronald B. Potthoff, D.D.S., PC  
195 Commons Loop, Suite A  
Kalispell, Montana 59901  
406-755-5280**

Dear Patient,

**Please be advised that any insurance information given to you by this office is strictly an estimate/outline of benefits and not a guarantee of payment.** Payment is determined solely by your insurance company and is subject to review of the claim, eligibility status and terms and conditions of your policy. Along with any waiting periods you may have. It is our recommendation that you contact your insurance company and/or review any written information from your insurance to verify your benefits. Of specific interest would be:

Deductible Information  
Benefit Period  
Maximum plan benefit (portion insurance will pay)  
Co-Payment responsibility by patient  
Age limit for sealants and fluoride  
Night Guard appliances for bruxism (teeth grinding or clenching)  
Waiting Periods for Major Service (Crowns, bridges, dentures)  
Missing tooth clauses

We will be happy to assist you in understanding your policy; however, we only offer this assistance as a courtesy. **There is no way we can guarantee payment by your insurance company. We are unable to WAIT for your flex spending account, which pays you.**

**It is our office policy that we do require your co-payment and/or cash payment at the time of service.**

Collection: If Dr. Potthoff hires another agency or attorney for collection of the agreement, Client agrees to pay doctors reasonable attorney fees and collection costs, even though no suit or action is filed here in, if the suit or an action is filed, Client shall be responsible for all litigation costs, should the doctor prevail. Attorney and Client agree that, if necessary, this agreement may be disclosed to the court.

Thank you

Dr. Ronald Potthoff and Team

\_\_\_\_\_ Patient Initial

\_\_\_\_\_ Copy to Patient

---