

M SCOTT
Matthews DDS, PA
Cosmetic and Family Dentistry

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Payment For Treatment Acknowledgement

I acknowledge that the insurance information provided by Dr. Scott Matthews is only an estimate of what my insurance will pay.

Information such as waiting periods, deductibles, and termination dates may not be available or unknown at the time an estimate is given.

I understand that I am responsible for knowing the terms of my insurance and acknowledge that I am ultimately responsible for the cost of any treatment provided.

Signature: _____ Date: _____