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INSURANCE DISCLAIMER

Please note that we do not accept nor participate with any insurance plans, prepay plans, Medicaid, or discount plans. We are a fee for service practice. Our goal is to help you maximize your dental insurance benefits.

As a courtesy, we are happy to submit all the necessary paperwork to your dental insurance for your reimbursement of the services rendered. Payment by your insurance company may vary according to your individual plan when the actual claim is submitted. If you want to have a pretreatment estimate sent to your insurance company, you must specify this request to the office before any work is initiated. This process may take 6-8 weeks.

Regardless of coverage, your payment is due in full the day of treatment. If your insurance plan sends payment to the office, you will receive a refund check from us. Also, please remember that dental insurance plans are not designed to cover all of your dental needs, and that your dental benefits are between you, your employer, and your insurance company.

For your convenience, we accept Cash, Check, Visa/Master Card, American Express & Discover. Payment arrangement is available for certain procedures.

By signing this, I have chosen to allow the office of Drs. Kaihara & Watkins to file claims to my insurance company for all of the dentistry performed upon me and/or my family in this dental office. I understand that it is my responsibility to be aware of the type of dental plan I have. I also understand that this office cannot guarantee that my insurance company will cover all of the services rendered, and that it is my responsibility to pay the office of Drs. Kaihara & Watkins at the time of services rendered.

Patient Name (Printed): _____

Patient Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____