

Non-Disclosure Form



Dentistry & Orthodontics

A Smile 4 U Cartersville
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Cora Neese
12 Russle Ridge
Euharlee, GA 30145

Non-Covered Services Disclosure

To be completed by A Smile 4U Dental Office located in:

We are recommending that receive services that are not covered by Georgia Medicaid, GHP, Avesis, Dentaquest, and Dental Health & Wellness or by Mississippi Medicaid, Chips, CAN, Magnolia and Ambetter covered benefits and fee schedule. The following procedure codes are recommended. Code

Code/ Description of Service(s)/Fees

*Fees not to exceed provider's usual and customary fee.

Total amount of service(s) to be rendered is \$ If I fail to make payment(s) and do not pay the total amount for the service(s), I may be subject to collection action.

To be completed by Patient/Parent/Legal Guardian:

My signature below, confirms I have been told that I require services or have requested services that are not covered by Georgia Medicaid, GHP, Avesis, Dentaquest, and Dental Health & Wellness or by Mississippi Medicaid, Chips, CAN, Magnolia and Ambetter benefits and fee schedule.

I am willing to receive the services not covered by Georgia Medicaid, GHP, Avesis, Dentaquest, and Dental Health & Wellness or by Mississippi Medicaid, Chips, CAN, Magnolia and Ambetter.

I am aware that I am financially responsible for paying for these services.

I am aware that Georgia Medicaid, GHP, Avesis, Dentaquest, and Dental Health & Wellness or by Mississippi Medicaid, Chips, CAN, Magnolia and Ambetter is not paying for these services

Patient/Parent/Legal Guardian Signature: _____