

Dr. Azra Saleem D.D.S.  
**INSURANCE CONSENT**

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PLEASE BE ADVISED THAT OUR OFFICE WILL BILL YOUR INSURANCE AS A COURTESY. IT IS THE PATIENTS' RESPONSIBILITY TO CONTACT THEIR INSURANCE FOR QUESTIONS REGARDING THEIR COVERAGE. ANY FINACIAL QUOTES ARE AN ESTIMATE, AND MAY NOT BE FINALIZED UNTIL INSURANCE CLAIM(S) ARE PROCESSED. OUR OFFICE IS NOT RESPONSIBLE FOR ANY DENTAL CLAIMS THAT ARE DENIED. ANY SERVICES THAT ARE DENIED BY THE INSURANCE IS THE PATIENTS RESPONSIBILITY. ALL CO-PAYMENTS' ARE DUE AT TIME OF SERVICE. OUR OFFICE OFFERS CARE CREDIT AS A PAYMENT OPTION. DUE TO HIPAA, CERTAIN INFORMATION IS LIMITED BY INSURANCE COMPANIES. MEDICAID PATIENTS MAY BE LIMITED FOR COVERED PROCEDURES ( \*OUR OFFICE WILL NOT PROVIDE NON - COVERED SERVICES FOR MEDICAID PATIENTS WITHOUT A PRIOR AUTHORIZATION). FOR ANY ADDITIONAL QUESTIONS, PLEASE CONTACT YOUR INSURANCE.

Signature\_\_\_\_\_Date\_\_\_\_\_

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