DELTA DENTAL® Delta Dental of Oregon & Alaska

Non-Covered Services Patient Consent Form

The below section to be completed by the dental office

Office name	**Servicing Provider Name**
Office phone number	**Date treatment plan presented**

***This consent form is required to be to be kept as part of the member's dental chart.**

Procedure(s)	Tooth/Arch	Fee
		$
		$
		$
		$
		$
		$
		$

The below section to be completed by the member, parent, or legal guardian

Member's Insurance ID Number	**Member Name**
Signature (Member, parent, or legal guardian) & Date	

Please circle YES or NO to each statement below.

YES **NO** My dentist advised me the above services are not covered under my dental policy.

YES **NO** I understand I must pay the total amount for any of these services and that **insurance will not pay**

***I agree to pay for these dental services. If fail to make each payment I may be subject to collections.**

Patient's signature if over eighteen (18) or parent or legal guardian	**Date of Signature**

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon.
Dental plans in Alaska provided by Delta Dental of Alaska.