



Private Contract Agreement

This contract between Prosthodontics Intermedica (“Dentist”) and _____ (Insurance beneficiary, referred to in this contract as “Patient”) allows Dentist to provide treatment to Patient without being subject to insurance limits.

By signing this contract, Patient does the following:

- (i) Agrees to be responsible, whether through insurance or otherwise, for payment of services or items supplied by Dentist; in particular, Patient will pay for such services at Dentist’s usual rate (or any other agreed upon rate), in accordance with Dentist’s payment policies;
- (ii) Acknowledges that insurance limits do not apply to amounts that Dentist may charge for such services or items;
- (iii) Acknowledges that supplemental insurance may elect not to make payments for items and services covered by this contract
- (iv) Acknowledges that Patient has the right to have such services or items provided by other dentists or practitioners for whom payment would be made under Patient’s insurance.
- (v) Acknowledges that Pi Dental Center does not accept, submit or prepare medical claims.

This contract shall remain in force and effect indefinitely from the date it is signed by Patient.

Accepted and Agreed: _____
Dentist

Accepted and Agreed (Signature): _____
Patient or Patient’s Legal Representative