

**APOPKA DENTAL ART  
LYNE SY TANGCO, D.D.S.**



**WEKIVA CENTRE**

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CONCERNING YOUR DENTAL PLAN

We feel our patients deserve the best possible dental care we can provide. In an effort to maintain this high quality of care, we would like to share with you some facts about your DENTAL PLAN.

PLEASE UNDERSTAND YOUR DENTAL PLAN DOES NOT "PAY ALL"

**INSURANCE:** As a courtesy to you, we participate in many insurance plans, but our professional services are rendered to you, not your insurance company. Your insurance policy is a contract between you, your employer and your insurance company. Our office is not a party to that contract. However, if insurance information is provided prior to your treatment and verification is obtained, we will accept assignment for the insurance portion of the benefits. Any portion of the fee not covered by your insurance is your responsibility. Patients are expected to pay the co-payment at the time services are rendered.

In most circumstances we will inform you of the cost of your next visit –if any- but please **DO NOT DEPEND ON THIS COURTESY.** It is your responsibility to become familiar with your plan. However, if any questions arise at the time of payment, our staff will be happy to discuss them with you.

In other instances your plan may not list a procedure which is necessary for treatment. In these cases our office charges our regular fee for that procedure minus the percentage indicated by your plan.

**ALL PATIENTS ARE FINANCIALLY RESPONSIBLE FOR THEIR ACCOUNTS.** We strongly suggest you become familiar with the provisions of your plan. We will cooperate in any way we can to help you obtain maximum benefits.

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Patient's Signature

Date

**NOTE:** We would like to remind you that there is a fee of \$25.00 for BROKEN APPOINTMENTS. Cancellations must be made 24 hours in advance in order to avoid this charge. Thank You.