

**INSURANCE/NETWORK PARTICIPATION LIST**

**We participate and are in-network for the following groups:**

**DENTAL PLANS**

**Aetna PPO  
Anthem Complete  
Anthem Dental Blue  
Anthem PPO-Select Plans  
Cigna PPO  
Delta Dental Plan  
Delta Premier Plan  
Delta USA Plan  
Health Resources, Inc  
Medicaid 18 years and under *(does NOT include H.I.P. Healthy Indiana Plan)***

**MEDICAL PLANS**

**Medicare**

Please be aware that many procedures that were previously considered dental procedures by insurance companies are now being paid under medical insurance (including but not limited to tooth extractions). Dental insurance companies are now forwarding or requesting we forward these claims to medical insurance before they will consider payment. Our doctors participate only with Medicare. If your claim is considered under your medical plan this may increase your out-of-pocket expense due to being paid out-of-network. We feel it is our duty to make you aware of this possibility due to the continuing changes in the medical and dental insurance industry. Many insurance companies are requiring written proof that the policy holders were informed of the possibility that these surgical services may not be covered. Therefore, please read and sign the following waiver required by insurance companies.

**WAIVER**

**I have been notified by Avon Oral & Maxillofacial Surgery that the services provided might not be covered and/or paid under my medical or dental insurance policy. I am therefore responsible for any and all remaining balances charged by Avon Oral & Maxillofacial Surgery.**

**GUARANTOR SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Parent or guardian financially responsible for patient)**

**PATIENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(If different than Guarantor)**

**PRINT GUARANTOR NAME: \_\_\_\_\_**