

Broadway Dental PC

Out of Network Notice to Patients

Please Note: We are an out-of-network provider with all dental insurance plans, which means we do not have a contracted or negotiated rate with your insurance company. As a result, you are responsible for any remaining balance not covered by your insurance.

We kindly ask for your authorization and request that your insurance company send payments directly to **Broadway Dental** first. Any remaining balance after insurance payment will be the patient's responsibility.

Name _____ Date _____