



Care N Cure Dental PLLC
1901 Northwest Hwy, Suite 103
Garland, TX 75041
(469) 298 - 3892

Insurance Payment Agreement

I, _____ understand that Care N Cure is accepting my insurance as payment for my/our dental services. However, i will be responsible for any services that my insurance does not pay.

Signed: _____

Witness: _____

Date: _____

Care N Cure Dental PLLC
1901 Northwest Hwy, Suite 103
Garland, TX 75041
(469) 298 - 3892

Acuerdo de pago por aseguranza

Yo, _____ entiendo que Care N Cure esta aceptando mi aseguranza como un tipo de pago para mi / nuestros servicios. Yo sere responsable por qualquier servicio del cual mi aseguranza no se haga responsable.

Firma: _____

Testigo: _____

Fecha: _____