



Grayhills and Mohip Dental

I have been informed that none of the dentists at **Grayhills and Mohip Dental** participate in any PPO, PDO, DMO or DHMO dental plan. I understand that my dental plan must allow me and/or my family members to be seen by a **“provider of my choice”** on an **“out of network “** basis (if PPO, PDO, DMO or DHMO). I understand that charges for services rendered are considered “usual and customary” for our area.

Grayhills and Mohip Dental expect any **ESTIMATED** co-pay or deductible to be paid on the day of service. I understand that I am responsible for payment of all services whether I have insurance or not. While the staff of **Grayhills and Mohip Dental** will help me to file my insurance free of charge, follow up of claim submission will be my responsibility.

Signature _____ **Date** _____

Printed Name _____

Grayhills and Mohip Dental and Associates

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