

Progressive Family & Cosmetic Dentistry
Spencer St. Cyr, D.D.S.

BLUE CROSS FEDERAL PLAN

I _____ understand that Progressive Dentistry, does not participate with my **FEDERAL BLUE CROSS** insurance plan. I understand that the insurance company will pay **ME**. (*I acknowledge that payment is due in full at time of service.*)

If you have a supplemental plan: such as United Concordia, Aetna, Connection Dental, Met Life, Humana, etc. Progressive Dentistry will submit the claim to the appropriate secondary insurance.

I also understand that it is my responsibility to give the insurance benefit information, along with the insurance company check to Progressive Dentistry.

We request that this information be provided to us within 35 days of the date of service. If we have not received this information, we cannot bill your secondary carrier, and you will be billed for the entire amount.

Signature

Date