

**TIMOTHY J. KREIMER, DDS, MS**  
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### INSURANCE DISCLAIMER

Thank you for choosing Dr. Kreimer for your endodontic needs. Our practice is committed to providing you with the best care and treatment in a comfortable and relaxed atmosphere.

#### REGARDING YOUR INSURANCE COMPANY AND USUAL AND CUSTOMARY RATES:

Your insurance is a contract between you and your insurance company. **It is important that you understand your coverage.** You are responsible for payment regardless of any insurance company's *arbitrary* determination of the usual and customary rates.

Usual and customary rates are rates established by your insurance carrier to reflect what they believe to be an average cost for dental treatment. In most cases, your carrier's **usual and customary rates have not changed in the past several years.** Every carrier has a different usual and customary rate. We have no way of knowing your insurance company's determination of usual and customary.

Please keep in mind that usual and customary is an average fee and we are not average, **we are a specialty practice.** We charge what is usual and customary for specialty endodontic treatment in our area.

We ask for a payment of \$\_\_\_\_\_ when treatment is rendered and we are willing to submit your insurance for you, but please be aware that you will be responsible for whatever portion your insurance does not cover. Of course, if a refund is in order **our office will send you a check immediately.** Thank you and please let us know if you have any questions.

I have read and understand the above statement.

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Patient signature

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Date