



Insurance Waiver

By signing this contract, I understand and agree that I will not submit (or request that Shenandoah Oral & Facial Surgery submit) a claim to my insurance or its agents for _____, by Aaron E. Quitmeyer, D.D.S., even if such service would be otherwise covered.

I agree to be fully responsible for payments of services rendered by Aaron E. Quitmeyer, D.D.S., and I understand that no claims will be submitted to my insurance company and in insurance reimbursement will be provided for these services.

Patient Name: _____ Date: _____ Chart#: _____

Signature of Patient or Guardian: _____ Date: _____