



south cove
community health center
華人醫務中心

Non Covered Dental Care Acknowledgement Form

*This agreement serves as an acknowledgement of pay for such services prior to receiving non insurance covered dental treatment.

*本協議在收到非保險覆蓋的牙齒治療之前，承認此類服務的付款。

Non covered dental services include:

非覆蓋牙科服務包括：

- Services not covered under the Masshealth, HSN, Scion, United Health Care Dental Programs.
不包括在Masshealth, HSN, Scion, United Health Care Dental Programs下的服務
- Services for which prior authorization has been denied or deemed not medically necessary
為此事先授權已被拒絕或認為不必要的醫療服務

Non covered dental treatment to be

provided: _____ code: _____

提供非覆蓋牙科治療：

Cost of dental treatment: \$ _____

牙科治療費用：

Signature of responsible party: _____

責任方簽名：

*See completed Payment arrangements form

*看完成的付款安排表單