

MEDICAL ASSISTANCE PROGRAM WAIVER

The Minnesota Medical Assistance program exists to assist people with basic medical and dental care. The dental program covers routine exams, x-rays, cleanings, fluoride treatments, amalgam fillings, composite fillings on front teeth, partial dentures, full dentures, extractions, and stainless steel crowns. It does not cover composite fillings in back teeth, permanent crowns, or non-standard partial dentures or full dentures.

If you choose to have services that are not covered by the Medical Assistance program, you will be financially responsible for the costs. Also, due to state budget limitations, the program has limited services, so you will be financially responsible for any costs over that limit.

Our general financial policy is payment in full at the time of service. Crowns require a down payment of 1/2 at the first appointment, and the second 1/2 at the second appointment.

Not-covered services desired (tooth, service, cost):

# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____

I have read the above statements and fully understand them. I agree to have Dr. Ronald L. King perform the above listed services which are **NOT** covered under the Medical Assistance Program, and I will pay for them in full at the time of service.

Patient name: _____

Patient signature: _____ Date: _____

Witness name: _____

Witness signature: _____ Date: _____

