

# CAROLINA FAMILY HEALTH CENTERS, INC.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

## Acknowledgement of Medicaid Non-Covered Services

Below are non-covered services offered to the patient and/or his or her representative based on their requests.

CDT Code	Procedure(s)	Tooth/Area/Arch	Fee

I understand and agree to what was presented to me. My dentist advised me that the services I am electing are not a covered benefit, and I am electing to have these services, and understand that they are my financial responsibility. My dentist advised me that there are covered services that would address my dental concern, but I am choosing non-covered services, and refusing the benefit offered through my plan. I understand that I have to the dentist's usual fee for all elected and non-covered services, and that my insurance company will not pay any portion of the cost. I agree to pay for these dental services.

\_\_\_\_\_  
*Patient or Legal Guardian's Name (printed)*

\_\_\_\_\_  
*Patient or Legal Guardian's Signature*

\_\_\_\_\_  
*Patient's Date of Birth*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness' Signature* *Date*

\_\_\_\_\_  
*Dentist's Signature* *Date*