



Dr. Rex A. Whiteman, DDS  
218 Ave E  
Apalachicola, FL 32320  
(850)653-9653

### INSURANCE BENEFITS

My insurance coverage has been explained to me and I understand that this is NOT a guarantee of benefits. By signing below, I agree to pay any amounts that are left unpaid by my insurance company. I also understand that the office of Dr. Rex A. Whiteman, DDS files my insurance as a courtesy to me and if my insurance carrier fails to pay in a timely manner that I am responsible for payment in full. I also understand it is my responsibility to keep up with plan frequencies, plan deductibles, plan maximums & plan changes.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coverage reviewed by/Witness

\_\_\_\_\_  
Date