



Insurance Disclosure Form

Insurance fraud hurts you and your child(ren) and can subject you to criminal and civil penalties. Due to the serious nature of this offence and because this conduct may increase the exposure and expenses incurred by the office, we must enforce this policy.

Please ensure you have notified our front desk of all private and state insurance plans your child/children is/are enrolled in including private and state insurance. If insurance fraud is discovered after signing this form, Little Pearls Pediatric Dentistry is entitled to:

- Administrative fee of \$50
- Payment for any monetary difference between signed treatment plan and changes that result from new insurance information
- Refuse services and deactivate patient(s) from the office
- Report of fraud to the proper authorities

Failure to disclose insurance information is a crime under Georgia Insurance Code Title 33, Section 33-1-9 punishable by:

- Felony Charges
- Up to 10 years in prison
- Fine up to \$10,000

I, _____, the legal guardian and/or parent of the minor child/children listed below, have read and understand the insurance coverage form. Further, I have disclosed any and all forms of private and state funded insurance available for the minor child/children listed below, to Little Pearls Pediatric Dentistry.

Name and DOB (Patient 1): _____

Name and DOB (Patient 2): _____

Name and DOB (Patient 3): _____

Parent/guardian's Name: _____

Signature _____ Date: _____