

Michael D. Litvak D.D.S  
6105 North Davis Hwy  
Pensacola, FL 32504  
(850) 477-1010

Welcome to our practice! We thank you for choosing our practice by becoming our patient we have created a partnership in maintaining your dental healthcare and needs which we hope will last through the years.

Our partnership is prevention oriented and dedicated to your oral health. We are committed to providing superior dental care and are proud of our dedication to our patients. Our goal is to help you feel and look your best while focusing on long term dental health.

Our office hours are Monday - Thursday 7 a.m. to 3 p.m. We are available for emergency services. Because communication is important, we will advise you of your dental treatment needs and expenses in advance. As a service to our patients, we will be happy to file your insurance for you. All co-payments and deductibles are due at the time of treatment and all procedures and treatment not completely covered by your insurance company are your responsibility. All treatment plans are estimated based on the information that is provided to us from your insurance company, once a claim is filed your insurance company may downgrade codes that are filed to them and may require additional payment from you. Please contact your insurance provider if you have any questions or concerns regarding this matter. We are here to assist you so please do not hesitate to contact us at any time.

Every appointment that you have is a time that was reserved especially for you. Any changes in your appointment affects many people, so we ask that you notify us at least 48 hours in advance if you are unable to keep the appointment in order to avoid a broken appointment charge of 75.00. Broken appointment charge will be charged to the patients account per Dr. discretion.

We welcome new patients and appreciate any referrals we may earn. Our practice again welcomes you, your family and friends and we look forward to a long and healthy partnership regarding your dental needs.

Best regards

Dr. Michael D. Litvak D.D.S.

#### Authorization and Release

I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I authorize the doctor to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by my insurance. I authorize the use of this signature on all submissions.

---

Signature of patient or parent if minor