



Dr. Heidi's Kid's Dental Center

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Pediatric Dentistry
HEIDI HAME, D.D.S., M.S.

INELIGIBLE STATUS LETTER

DATE:

TO: Dr. Heidi's Kid's Dental Center;

623 W. AVENUE Q, SUITE B, PALMDALE, CA 93551

**IF IT SHOULD BE DETERMINED THAT I AM NOT ELGIBLE FOR BENEFITS
THROUGH MY INSURANCE COMPANY FOR DENTAL OR ANY RETROACTIVE
TERMINATION.**

**I, _____ AGREE TO PAY Dr. HEIDI'S KIDS DENTAL CENTER
INC. THE FULL AMOUNT OF THE SERVICES RENDERED TO MY CHILD ON
_____, 20_____.**

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____