

HENRY DELCLOS, D.D.S., P.C.  
Practice Limited to Pediatric Dentistry  
2225 Williams Trace Blvd., Suite 106  
Sugar Land, TX 77478

Telephone: (281) 265-4177  
Fax: (281) 265-3349

Dear Delta Dental Subscriber,

As a courtesy to our families we file insurance claims. Although we are an **out-of-network** provider, we work hard at collecting the fees for the dental services that we provided for your child/children.

Your insurance carrier, Delta Dental, pays the benefits directly to you, the insured, not the provider as most companies do. Therefore, we are asking that you please forward the signed insurance check(s) or a personal form of payment for the most recent outstanding dates of services to our office. In addition, please provide a copy of your insurance Explanation of Benefits with your payment.

All claims that are **NOT** paid within **45 days** of the date of service will be cancelled and the balance will be billed to you, the guarantor. If your account continues to show a pattern of non-insurance payment, we will then change your account status to a cash pay account, thereby making the filing of your insurance your responsibility.

We hope you understand this is your company's choice, not ours, as we do our best to make things as easy as possible for our families.

Sincerely,

*Isabell A. Major*

Isabell A. Major  
Business Coordinator/Manager

Receipt of Letter: \_\_\_\_\_  
Signature (Subscriber) Date

Office Witness: \_\_\_\_\_  
Signature Date