OMSS
ORAL AND MAXILLOFACIAL
SURGICAL SPECIALISTS, P.C.

J. David Johnson, Jr., DDS

TENNCARE WAIVER OF LIABILITY

I, _____, have been made aware that my insurance may not cover the following services and that I am responsible for all charges incurred relating to these services:

- Exam – Plan frequency limitation one (1) Dental exam allowed every six (6) months.
- X-ray – Plan frequency limitation one (1) Panorex x-ray allowed within a three (3) year period.
- Extractions of non-abscessed teeth
- Cardiac Monitor
- Hemoglobin
- Facial Ice Pack
- General Anesthesia
- IV Sedation
- Alveoloplasty
- Operculectomy
- Occlusal x-ray
- _____ (other)

I have been given an itemization of my proposed treatment plan; therefore, I acknowledge and recognize my responsibility for these charges.

_____ _____
Patient (Guardian if Minor) Date

_____ _____
Witness Date