

***Knoxville Oral & Maxillofacial Surgery, P.C.***

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**MEDICARE WAIVER OF LIABILITY**

I \_\_\_\_\_, have been made aware that Medicare does not pay for certain procedures and have been given a copy of itemized charges. Medicare law states that in most cases dental procedures including dental examination, x-rays, extractions, anesthesia, cardiac monitoring, Nitrous Oxide, Hemoglobin, surgical preparation of the jaw for dentures (i.e. dental implants, smoothing of bone, grafts of hard and soft tissue are specifically not covered. In addition, Medicare does not pay for any hospital and/or outpatient facility fees (i.e. Anesthesia, Radiology, outpatient/inpatient facility fees relating to these charges). Therefore, I acknowledge and recognize my responsibility for all charges incurred and/or relating to my treatment by Knoxville Oral & Maxillofacial Surgery, P.C.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medicare ID#

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date