



This letter is to inform you that you were diagnosed for a Torus Removal procedure. This procedure is to help your denture fit properly. Torus Removal (Code D7473) is typically not covered by state insurance. We will pre-authorize this and try to get this procedure covered for you. Within a few weeks you should receive an approval or denial for this procedure.

**If it is not covered, cost out of pocket for this procedure is \$175 per side.**

By signing this, you are agreeing to pay the fee for the surgery, if not approved by insurance.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

If you choose NOT to go through with the procedure if not covered by insurance, decline by signing the line below. If you choose this option, we will schedule surgery upon receiving approval letter.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_