

Insurance Guidelines

We are glad you have dental insurance to help you with partial assistance in affording your dental care. As a courtesy, we are happy to assist you in filing the necessary forms to help you receive the full benefits of your dental insurance coverage at no additional cost. Dental insurance is different than most medical insurance plans and it is important to be aware of the following:

- **Insurance is an agreement between you and your insurance company. The insurance relationship constitutes an agreement between the carrier, the employer, and the patient. Our dental office is not a party to that contract. As such, we can make no guarantee of estimated coverage or payment.**
- **Full dental fees are not always covered. Insurance companies base the amounts they pay on restrictive fee schedules**, regardless of what the actual fee may be. Our fees are often, but not necessarily, covered in full by the maximum allowance determined by your carrier.
- **Not all your care may be covered. Not all dental services that are necessary for proper dental health are a covered benefit in all contracts. This depends on the kind of plan your employer has purchased.**
- **Deductibles and Co-payments must be collected. Deductibles and co-payments are built into most plans and their required payment is strictly regulated by state law.** Your Employee Benefits Director can usually help you become familiar with your plan and its restrictions.

Our Commitment To You:

1. Complete insurance claim forms and submit to your carrier within 24 hours of treatment.
2. Use current American Dental Association coding for correct reporting of procedures.
3. Accept direct payment from your carrier and keep track of balances, with the exception of BlueCross BlueShield.
4. If necessary, re-file your insurance a second time within a 30-60 day period.

Your Responsibilities Are:

1. **To pay fees not covered by your plan at the time of treatment or as otherwise arranged.**
2. **To provide our office** with necessary information concerning your insurance coverage to allow correct filing of claims.
3. To understand that your plan is a contract between you, your employer, and the insurance carrier. Our office will do all we can to facilitate claims payment, but we do not have the power to force your insurance company to pay.
4. To pay any account balance not paid by insurance after 60 days and after 2 billing attempts. Please initial here:

Thank you for choosing our office for your dental needs. Please know that we will do everything possible to see that you receive the full benefits of your insurance policy.

I hereby authorize payment of the insurance benefits otherwise payable to me to be made directly to this dental office. I understand that any insurance coverage estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependents in this dental office. I authorize release of my dental/medical histories and other information about my dental treatment to third party payers.

Patient or Insured

Date