

Important Dental Insurance Information

We are happy to help you receive dental benefits from your insurance carrier by submitting your claims and calling to verify your coverage. *Please understand that we cannot be responsible for the accuracy of information we receive from your insurance carrier regarding your plan benefits. Any amount not payable by your insurance is your responsibility.*

Understanding your dental benefits isn't always easy.

Your employer has selected your plan and they are ultimately responsible for how your contract is designed. Even if a procedure is medically and dentally necessary, it maybe excluded from your contract. This does not mean that the procedure is not necessary. It simply means that your plan will not consider the procedure for payment based on the guidelines of your particular plan.

Dental insurance is very different from medical insurance.

Dental insurance is designed to help with the expense of dental care, but is never intended to cover all procedures. Deductibles, co-payments and annual maximums are typically part of each plan. *Your co-payments and any deductible are due at the time of service.*

We will do our best to explain your plan benefits to you.

Estimates are based on the information that is provided to us by your insurance company and they cannot guarantee accuracy until your claim is received and processed. We ask for your participation in understanding your policy as well as its limitations to avoid any misunderstanding regarding your coverage and out of pocket expense. *It is the responsibility of the patient to know whether there are any waiting periods, policy exclusions or requirement for pre-authorization. It is also the responsibility of the patient to notify us of any changes in insurance coverage or any changes to a new insurance carrier.*

We will always base our treatment recommendations on what is best for you.

We cannot make recommendations based on the limitations of any particular policy. This would not be in your best interest as I'm sure you can understand. *You deserve the very best care, and that is what we are here to provide to each and every one of our patients!*

If, at anytime, you have questions regarding your treatment, proposed fees or insurance benefits, please ask us! We are here to help.

SIGNATURE OF PATIENT _____

DATE _____