



INSURANCE POLICY AGREEMENT

WHY DOESN'T MY INSURANCE PAY FOR THIS?

Most dental benefit plans do not cover all dental procedures. Our financial policy does require payment at the time services are rendered. We do accept assignment of benefits for most major insurance companies.

You will be asked to leave your “estimated” cost-share at the time of service. **THIS IS ONLY AN ESTIMATE.** As a courtesy, we will submit your claim to your dental plan for processing. The insurance industry is every changing with varying exclusions and conditions to each policy. **We cannot guarantee a payment will be made from your insurance plan.**

Our doctors’ main goal is to help you take care of your oral healthcare despite your plan’s benefits. You are responsible for the cost of treatment rendered regardless of the plans “ALLOWABLE” fee. If your dental plan reimburses less than the “estimated” amount, a statement will be sent to you for the full balance due. If your dental plan reimburses more than “estimated”, a prompt refund will be issued.

It is the subscriber’s responsibility to follow up with their own insurance company regarding the non-payment of a claim. Should our office eventually receive a payment from your insurance company after it has been paid by you, a prompt refund will be issued.

Remember, your dental policy is an agreement between you and the insurance company. It is your responsibility to know and understand your benefit plan. If after 60 days your insurance company has not remitted their payment, you will be responsible for any balance.

Patient’s Signature (parent if minor)

Date

Patient’s Name (please print)

Our Administrative staff is available to assist you in the understanding of your benefits and submission of your claims.