

INSURANCE POLICIES

Dental benefits are not meant to determine your dental care; they are to assist you in the payment of your treatment.

We are not responsible for determining what your particular benefits are. Most policies cover what they consider a "usual and customary fee". However, the insurance company establishes these fees to meet their needs, and they are not always the same as the fees that may be charged in our office.

We will do our best to see that you receive your full benefits. However, ultimate responsibility for payment is yours and financial arrangements must be defined before dental treatment begins.

You are responsible for portions not covered by your policy on the day of service.

Your insurance policy is a contract between you and your insurance company. Any problems of non-payment or delay of payment are your responsibility.

Any insurance balance over 60 days old is delinquent and is your responsibility to pay.

Accident insurance cases will be handled by the patient paying for treatment at the time of service, and your insurance will reimburse you.

We **DO NOT** file secondary insurances. That is the patient's responsibility, however, the proper paperwork will be provided to our patients in order for them to file with their secondary insurance.

DENTAL INSURANCE INFORMATION

Employer Name: _____

Insurance Co.: _____ Insured SSN: _____

Address: _____ Name of Insured: _____

_____ Insured DOB: _____

Phone: _____ Group #: _____

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I authorize payment of dental benefits to the named provider for professional services rendered; and I authorize the release of any dental information necessary to process this claim.

Signature: _____ Date: _____