

OFFICE POLICY REGARDING DENTAL INSURANCE

Your dental insurance is your responsibility...but we can help....

You, the patient, are responsible for the TOTAL TREATMENT FEE. We can estimate what your insurance may pay based on limited information obtained from your insurance company. However our estimate is not a guarantee of benefits. We require payment of your estimated portion at the time of service. Your insurance company will determine your final out of pocket cost when they process your claim. Any balance above and beyond your estimated portion (included but not limited to the deductible, co-insurance, any amount exceeding the plan maximum, or a rejection for any reason) is your responsibility. As a courtesy to you, we do accept assignment of benefits payments from most insurance companies. This will reduce your immediate, out of pocket expenditures on the day of treatment. **You are responsible for informing us if you cancel or change your policy. Contact your insurance directly to verify that your coverage is active and that you have benefits available before your appointment.**

I have read & understand the above statement. _____

Date: _____

DENTAL INSURANCE INFORMATION

Patient's Name _____

Name of Insurance Company _____

Insurance Address _____

Insurance Phone Number _____

Group Number _____

Policy Holder _____

Company Employed With _____

Policy Holder's SS# or ID# _____

Policy Holder's Birthdate _____

Relationship to Policy Holder _____

Do you have secondary insurance? Yes No