

## INSURANCE POLICY

We are anxious to help you receive your maximum allowable benefits from your dental insurance. As your dental care provider, we feel it is important that you understand that our relationship is with you, not your insurance carrier. While filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

We are happy to help you process your insurance claims. In order to do this, we require you to fill out and sign a statement that we retain in your file which authorizes us to submit claims and receive payment for services rendered. When your dental insurance carrier or coverage changes, we request you notify our office with your updated information.

We will try to answer any questions you may have relating to your insurance. Please realize, however, that:

- Your insurance is a contract between you, your employer and your insurance carrier. We are not a party to that contract.
- Our fees are considered to fall within the acceptable range by most carriers and therefore, are covered up to the maximum allowance determined by each carrier and plan. *This applies only to carriers who pay a percentage of their usual and customary rate.*
- Not all services are a covered benefit in all contracts. Some insurance carriers arbitrarily select certain services they will not cover. Our office is not responsible for monitoring each contract limitation.
- Although your policy may state you have 100 percent coverage on either preventive or diagnostic service, be aware that your annual deductible may still apply.
- Any information our office gives you regarding your insurance coverage is an estimate. We make these estimates based on information available to us. We are not responsible for any decisions regarding payments that the insurance carrier makes.
- Almost all insurance policies have an annual maximum paid. Our office is not responsible for monitoring the amount of benefits used to date. Please check with your insurance carrier to determine what benefits remain on your policy for the current year.

☐ *I have read, understand and agree to the above office policy. I understand that I am fully responsible for the fees of the services rendered, regardless of any insurance I may have*

Print Name

Signature

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Date