

## **VITAL INFORMATION ABOUT YOUR DENTAL INSURANCE**

Our office is happy to help you file your insurance to receive the dental benefits that you and your employer are paying premiums for. Dental benefit plans can vary from company to company with different procedures covered or not covered. Insurance companies base the amounts that they will pay towards your dental treatment on restricted fee schedules related to premium payments and geographical location. In other words, your insurance plan will pay only what it allows for each service, regardless of what the actual fee might be. Deductibles and co-payments are typically built into most plans and their required payment is strictly enforced by state law. Both our office and you as the policy beneficiary can be prosecuted if deductibles and co-payments are not collected. Your Employee Benefits Director can usually help you become familiar with your plan and its' restrictions, and our office will assist you in maximizing your benefits.

### **Your Responsibilities:**

1. To understand that your plan is a contract between you and your employer and the insurance carrier. Our office will do all we can to facilitate claim payments, **but we do not have the power to make your plan pay.**
2. To provide our office with necessary information concerning your insurance coverage to allow for the correct filing of claims.
3. To pay fees not covered by your plan at the time of treatment.
4. To pay any account balance not paid by insurance after 2 insurance billing attempts.

### **Our Responsibilities:**

1. Complete your insurance claim forms and submit them to your carrier for you within 24 hours of treatment.
2. Use current American Dental Association coding for correct reporting of procedures.
3. Accept direct payment from your carrier.
4. If necessary, re-file your insurance a second time within a 60 day period.

We thank you for choosing our office and we will do all we can to help you obtain the benefits you deserve. Please sign this form below. We will keep one copy in your chart and will give you one for your own records if you would like.

I hereby authorize payment directly to the dental office. I understand that I am ultimately responsible for all costs of dental treatment. I grant the right to the dentist to release my dental histories and other information about my dental/medical treatment to third party payers.

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Patient or Insured

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Date