

## Our Policy Regarding Dental Insurance

As a courtesy to our patients, we will be happy to complete and forward insurance forms relative to dental treatment, and we will do so without charge.

However, in order to avoid misunderstandings, please read carefully and understand the following policy in regard to dental insurance benefits.

Our professional treatment is rendered to you, not the insurance company. You are responsible to us for the obligation of payment of treatment.

However, to serve and assist you in utilizing your dental insurance, this office accepts assignment of your benefits. It is your responsibility to provide us with insurance forms assigning payment to this office and you are responsible for balances not covered by your policy on the day of service.

Please understand that the amount to be paid by your particular policy is pre-determined and agreed to by your employer and the insurance company. If you have any questions about the amount the plan will pay or the treatments your plan will cover, you should refer these questions to your employer. At your request, this office will provide all pertinent information to your insurance company and we will do our best to help you derive the maximum benefits available. However, we are not responsible for determining what those benefits are to be.

Some policies request a “pre-authorization” or “pre-determination” before treatment is begun. We will submit a treatment plan for review by your insurance company if this is a requirement.

Please remember that dental insurance is designed to assist people to obtain dental care and rarely covers more than 1/3 to 1/2 of the total cost of service. There may be a deductible, a co-insurance factor, and a yearly maximum to be considered.

Most policies cover what they consider a “usual and customary fee.” However, the insurance company sets these fees, and they are not always the same as the fees that may be charged in this office.

All these factors may combine to reduce the benefits you will ultimately receive. We will do our best to see that you receive your full benefits within the structure of your particular dental plan. However, ultimate responsibility for payment is yours and financial agreements must be defined before dental treatment can begin.

Thank you.

Signed \_\_\_\_\_  
(Patient or Parent if Minor)