

Please Be Aware...

We are committed to providing dental therapy that addresses the patient's individual needs, concerns, and problems. Please understand that this is a medical facility and our doctors care about your health. It is their responsibility to advise you of the status of your dental health and advise you of treatment needed based on your specific needs not based on your insurance coverage.

As a patient, or a parent of a patient, you have the right to decline treatment before treatment is rendered. However once treatment is rendered you are responsible for the fee regardless of insurance coverage.

Your employer chose the specifics of your insurance coverage. We will file claims on your behalf in most cases. However we do not take responsibility for your insurance plan, their fees, allowances, limitations and specifications. There are hundreds of insurance plans and it is impossible for us to know them all. **Therefore it is the patient's responsibility to know and understand their individual plan.** We will be happy to try and assist you with your benefits and answer questions you may have. If you have specific questions about your plan however, you should contact your employer or your Insurance Company directly.

When Dual Insurance is involved...

We **cannot** give estimates when dual insurance is involved. Therefore we will bill the primary insurance and then the secondary insurance. There is no guarantee that both insurances will pay on services. If you need to know for sure that both insurances will cover services you will need to contact your employer or your insurance companies directly and ask how they coordinate your benefits. The patient is responsible for any amount that is not covered by insurance regardless of the reason.

Remember....

WE WILL DO OUR BEST TO ESTIMATE WHAT INSURANCE WILL PAY AND WHAT THE PATIENT PORTION WILL BE FOR YOUR TREATMENT. THE ESTIMATED PATIENT PORTION WILL BE DUE AT THE TIME OF TREATMENT. ANY AMOUNT NOT PAID BY YOUR INSURANCE, REGARDLESS OF THE REASON, IS YOUR RESPONSIBILITY.

Signature

Date