

Insurance Billing Policy

In order to meet the needs and requests of our patients, we are enrolled in numerous insurance programs and we happily submit claims to your insurance on your behalf, if you have provided us a copy of your dental coverage card (we cannot submit to insurance without a copy of your card). We are very pleased to be able to provide this service to you, but it is extremely difficult for us to keep track of all the individual requirements of each and every plan. Each plan has different stipulations regarding benefits. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Providing quality dental care for our patients is our primary concern. We are more than willing to provide care within your insurance contract guidelines if you let us know at EACH visit at the time of service exactly what those guidelines are. Unfortunately, if you do not know or do not inform us of any special requirements in your insurance contract and we render services that are not covered, we will have no choice but to bill you directly for those charges. Payment for those services are your responsibility.

We understand that sometimes the patient does not know what is covered and what is not. However, often we do not and cannot know either. Also, please be aware we have no control regarding the timelines your insurance processes claims. Your estimated percentage is due on the day services are rendered and, for your convenience, our office does accept all major credit cards, the Care Credit healthcare credit card as well as personal checks and cash. Should you elect to have us submit a claim for treatment to your insurance on your behalf, we will allow 60 days from the date of service for receipt of payment from your insurance company. If there should be a delay in the insurance processing, the entire balance is due at that time. Please remember that you are ultimately responsible for payment on all services rendered in the office, regardless of your insurance coverage.

With your cooperation and help, you should be able to receive all the benefits offered to you and we will be able to concentrate on caring for your dental needs.

I have read and understand the office policy as stated above and agree to accept responsibility as described.

Signature

Date