

**Dental Insurance Information**

**Primary Dental Insurance Carrier:**

**Secondary Insurance Carrier:**

**Insurance Company** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Insurance Co. Phone No.** \_\_\_\_\_

**Insurance Co. Phone No.** \_\_\_\_\_

**Group Number** \_\_\_\_\_

**Group Number** \_\_\_\_\_

Dental insurance is a contract between you and your insurance company. Patients should realize that professional services are rendered to a person, and not to an insurance company. Thus, the insurance company is responsible to the patient, and the patient is responsible to the doctor. Ultimately the patient is responsible for all unpaid balances. We cannot render services on the assumption that the charges will be paid for by the insurance company. However, on your behalf, we help in every way that we can in filing your claim, handling insurance queries, processing follow-ups and lost claims etc.

It is helpful to our staff for the patient to know their benefits. As a courtesy a cost estimate will be made prior to treatment. We typically pre-determine those prescribed procedures over \$300.00, in advance, in order for patients to understand their benefits more clearly. The insurance company should send a written pre-determination to you. It is only a **GUIDELINE** from which to work until final payment is received from your insurance company and your exact share of the bill is known.

Your insurance company will not be billed for services rendered until treatment has been completed. Often, these payments are not received for several weeks after being submitted for payment. Therefore, we do ask that you pay your estimated share of your treatment as treatment is rendered unless prior financial arrangements are made.

Upon receipt of the insurance payment, we will reconcile the account, and bill or refund any difference. There are often changes in treatment as it progresses, and should this occur, it would reflect a change in your anticipated estimate. If and when such changes in treatment do occur, please request an updated estimate from administrative staff.

If the patient has dual insurance we can only make an estimate from the primary insurance company.

Signature \_\_\_\_\_

Date \_\_\_\_\_