



DENTAL PATIENT FINANCIAL AGREEMENT

We are happy to complete and submit your insurance claims for your dental care.

No guarantees or promises can be made about which procedures will be covered by your insurance.

We do our best to estimate your co-payment but it is based on limited information provided by your insurance company.

In most cases, we will accept assignment but do require payment of the estimated co-payment and deductible at the time of service.

I understand and accept full financial responsibility for all services provided regardless of insurance coverage.

FAQ'S ABOUT DENTAL INSURANCE

1. Do you know how much my insurance will pay?

We do our best to estimate what portion may be covered by your insurance company but due to limited information they provide, actual amounts cannot be determined. maximum allowable charges, waiting periods, and frequency limitations can effect benefits.

2. How can I find out what my insurance covers?

General terms can be found in your insurance policy manual, website portal, or from your human resources department at work. Be sure to ask how frequently services can be rendered (I.e. cleanings, x-rays, crowns) and if there are any waiting periods.

3. Do I need a predetermination?

No. A predetermination is not required for treatment to begin. It will however help determine if a procedure is covered and how much will be paid by the insurance company. It can often take 4 to 6 weeks to receive the pre-determination from your insurance company, and it will still state that payment is not guaranteed.

4. How do I best take advantage of my insurance benefits?

We can estimate your payment based on the average plan and will accept payment directly from the insurance company if your company will allow for that. You will need to pay your estimated copayment and any deductibles at the time of service, as well as any difference between the estimated and actual amounts after your insurance has made their payment. If the insurance does not pay for a procedure, full payment is required by you.

Print Name: _____

Signature: _____

Date: _____