



Please carefully read all of the following, then sign and date at the bottom.

Insurance and Financial Guideline:

Insurance Filing

Filing insurance claims is a courtesy; the patient is expected to know their benefits. If we cannot verify the patient's insurance coverage, the patient is responsible for all fees incurred. If insurance does not pay the patient's bill including what we estimated, the patient will be responsible for payment of all dental services.

Co-pays and deductibles

The patient will need to pay their deductible and co-pay percentages on the day services are rendered. If there is a balance after the patient's insurance pays, the patient will receive a statement from our office.

Tooth-colored fillings

Composite (tooth-colored) fillings are now the standard of care, amalgam (silver) is not. Some insurance companies will not pay the difference for a composite filling on a back tooth. If this is the case with the patient's insurance, the patient will owe the difference.

Statements after insurance pays

We can only ESTIMATE what the patient's insurance will pay. The patient is responsible for all fees not covered by insurance and will receive a statement for any unpaid amount.

Pre-Treatment Estimates

The treatment plan estimate is just that, an estimate. Further work may be required to restore a tooth to ideal standards. The patient will be informed of such incidences as they occur, but during the treatment appointment the procedure may change to include care that was not evaluated by the insurance company (example: a post and core in addition to a crown).

Insurance Pre-Authorizations

If the patient is concerned about their insurance possibly not covering a procedure, we will be glad to submit a preauthorization on the patient's behalf. Please keep in mind pre-authorizations usually take several weeks to be processed by the patient's insurance company. We do not submit pre-authorizations unless requested by the patient/responsible party. (If the patient would like a pre-authorization submitted, please inform us; a signature on this form is not a request for a pre-authorization.)

Missed appointments

I understand that there will be a \$50 charge for missed or changed appointments not given at least 2 business days in advance.

Signature _____ **Date** _____

