

INSURANCE BILLING POLICY

We are anxious to help you receive your maximum allowable benefits from your dental insurance. As your dental care provider, we feel it is important that you understand **that our relationship is with you, NOT your insurance carrier**. We diagnose with your oral health as our primary concern, not your insurance coverage. While filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

We are happy to process your insurance claims. In order to do this, we require you to fill out and sign a statement that we retain in your file that authorizes us to submit claims and receive payment for services rendered. When your dental insurance carrier or coverage changes, we request you notify our office with your updated information. Delay of information costs our office money, and therefore overhead increases. It is your responsibility to let us know of any changes.

We will try to answer any questions you may have relating to your insurance. Please realize, however, that:

- 1. Your insurance is a contract between you, your employer and your insurance carrier. We are not a party to that contract.**
2. We will submit your claims electronically the day services are performed. We will resubmit the claim one more time within a 35-day period. If we are not paid by your insurance company 35 days after treatment, you will be billed the total amount and are expected to pay for these services upon receipt of the statement. If and when we receive a check from your insurance company, a refund will be forwarded to you.
3. Patients with coverage from Delta Dental, some Blue Cross Blue Shield coverages, or any other insurance carrier that does not reimburse our office directly, will be required to pay their bill in full on the day of service.
4. Although your policy may state you have 100% coverage on either preventive or basic services, be aware that your annual deductible may still apply and 100% may be for an arbitrary fee set by the insurance company.
5. Any information our office gives you regarding your insurance coverage is an estimate. We make these estimates based on information available to us. We are not responsible for any decisions regarding payments that the insurance carrier makes.
6. Almost all insurance policies have an annual maximum paid. Our office is not responsible for monitoring the amount of benefits used to date. It is your responsibility to check with your insurance carrier to determine what benefits remain on your policy for the current year.
7. Because of The Health Insurance Portability and Accountability Act of 1996 (HIPAA), most insurers will not discuss your plan or benefit levels with anyone other than you or your employer.

Signature of Patient, Parent or Guardian

Date: