

DENTAL CARE ASSOCIATES

Important Information about your Dental Insurance

Dental benefit plans can vary from company to company with different procedures covered or not covered. In other words, your insurance plan will pay only what it allows for each service, regardless of the actual fee. Your Employee Benefits Director can usually help you become familiar with your plan and its restrictions.

As a courtesy to our patients, we will file your insurance claim and do our best to inform you of your financial portion. We only ask that you pay your *estimated portion at the time of treatment*. Our goal is to help you obtain your maximum benefits by prompt and efficient processing of your claim. Thank you for choosing Dental Care Associates.

Our Responsibilities:

1. Complete your insurance claim forms and submit them to your carrier.
2. Use current American Dental Association coding for efficient reporting of procedures.
3. Accept direct payment from your carrier and keep track of balances.
4. If necessary, re-file your insurance a second time.

Your Responsibilities:

1. To pay fees not covered by your plan at the time of treatment.
2. To provide our office with *current* information concerning your insurance coverage to allow correct filing of claims.
3. To understand that your plan is a contract between you, your employer and the insurance carrier. Our office will do all we can to facilitate claims payment, but we do not have the power to make your plan pay.
4. To pay any account balance not paid by insurance upon billing.

I hereby authorize payment directly to the dental office of the insurance benefits otherwise payable to me. I understand that I am ultimately responsible for all costs of dental treatment. I grant the right to the dentist to release my dental/medical records and other information about my dental treatment to third party payers.

Signature of Patient or Guardian

Date