

9. Dental Insurance (Only complete if you have)

We are committed to providing you with the highest quality, most conservative and esthetic care possible. There is a tendency by most insurances companies to interfere with the Doctor-Patient relationship in order to reduce benefits and the quality of care received. We want you to know that we are firm in our commitment to always offer the highest quality, most conservative and esthetic care.

Expect to receive a letter from your insurance company suggesting you see one of their contracted dentists. Bear in mind it is in their best interest that you see one of their contracted dentists because they control them. This control always means a reduced fee, and this always means cheaper materials and poorer quality work. Often they will say that you are being over charged and other misleading statements. Remember, we are not controlled by the insurance company and will always provide you with the most conservative, esthetic longest lasting procedure. This will always mean lower long-term costs and better value over time.

Please initial each line:

_____ I understand that my insurance is a contract between myself and the insurance company, and I understand the patient or responsible person is ultimately responsible for all charges not paid by the insurance company.

_____ I understand that my insurance claim will be filed by the dental office as a courtesy to the patient. Any unpaid claims will need to be resolved within 60 days. All unpaid balances past 60 days will be charged 1.5% per month interest.

_____ I understand that not all dental services may be covered in the contract, and that some insurance companies arbitrarily select certain services they will not cover.

_____ I understand that having double coverage does not always guarantee payment from both insurances. Very often the second insurance will have exclusions or will not pay at all.

_____ I understand the quoted co-payment is just an estimate based on our experience. Please understand that each insurance company has multiple fee and benefit schedules and it is impossible for us to know just which plan your employer has chosen.

_____ I understand that I will not be given an insurance write-off on any insurance plan. I am responsible for any fee the insurance company will not pay.

If you have any questions about our insurance policy or uncertainty about your coverage, please ask.

Patient's name

Date

Patient or Responsible party signature

Date

Witness signature (*team member*)

Date

