

Important Dental Insurance Information For Our Patient

Our office understands that patients rely on their dental insurance to help defray the cost of dental services. We also realize that understanding your insurance coverage can be quite challenging. In an effort to cut down on some of the confusion, we have set forth our goals and responsibilities as a dental office, and your obligations as a policy holder.

There are hundreds of insurance companies. Each insurance company has many different plans to offer, and each plan varies in covered service. Your employer chooses a plan/plans to offer you that fits their budget. Once you decide to become a member, you establish a contract with the insurance company. *The dental insurance contract is between you and the insurance company, and no between this dental office and the insurance company.* This means that we do not have any control over the dental insurance company to obtain payment. Therefore, it is imperative that you, as the owner of policy, become familiar with the benefits and limitations of your policy, such as coverage, exclusions, deductibles, and any required payment. However, as a courtesy we will help you walk through this process offering a service that includes:

- ✓ Obtaining benefit verifications and as much information about your benefits as possible (remember, you have your policy we don't)
- ✓ Counseling you about what insurance can do to assist you in paying for services, based on the information provided to us by your insurance company. We only know what your insurance company tells us.
- ✓ Filling your insurance with current and appropriate ADA codes as soon as possible, usually within 24-48 hours of completed service.
- ✓ To honestly report dates of service to your insurance company.
- ✓ Re-billing your insurance company once as a follow up service, if benefit is deemed questionable.

Nevertheless, your responsibilities as the owner of the policy include:

- ✓ Paying of fees not covered by your insurance plan on the day of service.
- ✓ Realizing that *we cannot guarantee any benefits from your insurance company. Therefore, you must take responsibility for the balance that the insurance company does not pay to our office within 60 days of the service date.*
- ✓ Understanding that the insurance policy belongs to you and we have no control in obtaining payments from your insurance carrier.
- ✓ Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules (called Usual and Customary Rate) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for insurance, not our fees, or recommended treatment.
- ✓ Keeping our office informed of any changes in your insurance coverage or employment.

PLEASE SIGN THE SPACE BELOW AND HAVE YOU INSURANCE CARD READY FOR US TO COPY FOR OUR FILE.

I hereby acknowledge that I have read and understood my responsibilities as a policyholder. I understand that I am responsible for any unpaid balance. I hereby authorize Dr. Estela J. Alamo to release to my Insurance company, any information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Dr. Estela J. Alamo. NOTICE: S50 Administration expenses will be added to your account after 90 days overdue. Return check fees S35.

Name: _____ Date: _____ Signature: _____

I have been informed about HIPPA law.

I have been offered a written copy for my review

Signature _____