

A WORD ABOUT DENTAL INSURANCE

1. We will file your insurance. At the time of service we will estimate your portion of the fee; deductibles and co-payments will be your responsibility from the date of service. If you have insurance through a carrier that will not accept assignment (i.e. send benefits directly to our office), you will be responsible for the full balance of your account and the company will send the benefit check directly to you. If you would prefer to file the insurance yourself, you will be responsible for the full balance.
2. Your dental policy is a contract between you, your employer and the insurance carrier. Although we will do our best to become acquainted with your particular policy, it is important for you to know your own policy, thereby preventing misunderstandings.
3. Most insurance companies will send payment within 30 days of the date of service. If your company fails to pay within 60 days, you will be responsible for all fees. You will be refunded in the even your insurance pays at a later date.
4. Although, we will attempt to estimate your insurance benefits accurately, we are not always able to do so. Because of this, there may be adjustments necessary in your billing after receipt of payment from your insurance company. You are responsible for any amounts now covered by your insurance.

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I have read and understand this office policy regarding my dental insurance.

I authorize the release of any information relating to the dental services I received at this office. In addition, I authorize payment directly to Derrick K. Ross, DMD, of the group insurance benefits otherwise payable to me. I understand that I am responsible for all fees not paid by insurance.

Patient's name (please print) _____

Signature of Patient or Responsible Party

Date