

How Insurance Plans Work and Financial Policy

Whether you're new to our practice or have been one of our valued patients for years, it's important to be reminded how most dental insurance plans work. Dental benefits plans are made available to employees or members through companies and unions, which may vary considerably from one plan to the next. The range of benefits depends solely on what the plan purchaser wishes to offer to employees or members. Most plans fall within the 50% to 80% range of the fees for dental services. Some plans exclude certain types of services, such as implants, while other plans cover a full range of dental services. And most plans base the amount of benefits on a schedule of fees arbitrarily developed by insurance companies, or third-party payer.

We would like to make the principles of this practice, as well as the types of service and care we provide our patients, very clear:

- We believe in treatment planning according to the best interest of the patients, while not dictated by the dental insurance benefits nor its maximum allowances. However, we are more than happy to discuss a treatment plan's advantages and disadvantages with you in order to accommodate you, not a third party-payer, in the health care decision-making process.
- The type of treatment you need and receive from us is based on the professional judgment of the treating dentist here and not on whether you are covered by a dental benefits plan.
- You will be given an estimate of the fees to which you'll be responsible for according to the recommended treatment plan. However, your final financial obligation may change according to the fees your third-party payer actually pays. This change may be due to, but not limited to, maximum allowance gone over, subscriber ineligibility, etc.
- As a courtesy to you, our staff will complete and file your dental benefit claims to your insurance or third-party payer, handle insurance queries, and process follow-ups or lost claims on your behalf.
- Upon receipt of payment from the third-party, our staff will reconcile the amount, and bill or refund you the difference. Remember, the financial obligation for dental treatment comes from you. The third-party payer is responsible to you and not this office. Therefore, any balance owed from treatment is ultimately the obligation of the patient, or his/her guardian, and not the third-party payer.

I certify that I have read and fully understand the above third-party payer information and have agreed and accept the financial policies of this office.

Patient, parent or guardian (if patient is a minor) .

Date