



Heritage

Family Dental, P.C.

ABOUT YOUR DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we work diligently to help you maximize your insurance benefits. In order to achieve this goal, we help you navigate the specifics of your plan. It is extremely important to understand there are limitations and exclusions of all insurance plans, their benefits, and coverage.

Payment of your copay, deductible, or patient fees are due at the time services are provided. We accept cash, check, Discover, Visa, MasterCard, American Express, and Care Credit. All insurance benefits are assigned to the Doctor, unless services are paid in full the day of treatment.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

(please sign your initials next to each statement)

_____ Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.

_____ Most insurance companies have a deductible that must be met before the company will pay their portion. If you have not met your deductible for the year, you are responsible for any charges until the deductible is met. Even after the deductible is met, most companies will only pay a percentage (such as 50% or 80%) up to a maximum yearly allowance. Any amount above this allowance is the patient's responsibility.

_____ Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

_____ Pre-determination requests can be submitted to your insurance to determine if a particular procedure is covered by your plan and its expected fee. Insurance companies will send pre-determination decisions within 3 – 4 weeks, however an approval does NOT guarantee coverage of the procedure upon its completion.

_____ Any services performed that are NOT covered by insurance is the patient's financial responsibility. Fees of non-covered services are based on the usual and customary office fees.

We must emphasize that as a dental care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility on the day services are provided. If you prefer to file your claims on your own, we will be happy to help you process your insurance claim for your reimbursement. Any such request must be accompanied by a completed insurance form at each visit.

If you have any questions about the above information, or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We are here to help you.

I understand and agree that, (regardless of my insurance status); I am ultimately responsible for the balance of my account for any professional services provided. I have read and understand the above information.

Patient (Parent or Legal Guardian) Signature

Date