

Understanding Insurance

Dental insurance is a contract between the patient, their employer (if applicable), and the insurance company. Submitting claims to the insurance provider, to be considered for payment, is a courtesy provided by our office, not an obligation. It is the responsibility of the patient to make sure all necessary information is provided and that updates are timely and accurate. Our office will require a copy of your insurance card (front and back) and the following information needs to be legible:

- *Subscriber Name, as it appears on card*
- *Subscriber/Member Identification number and/or Social Security Number*
- *Birthdates for Subscriber and all dependents/patients*
- *Employer of Subscriber (Company name or Self)*
- *Group Number, as it appears on card*

Updating your insurance company—as well as our office—with any name or address changes is critical in ensuring that your provider makes an expeditious determination. Here are some commonly asked questions:

Which insurances do you accept?

- We accept PPO insurance plans
- We do not accept HMO, DMO, or State Insurance such as Medicare or Medicaid

Are you "in network"?

- We are considered "out of network" for **all** insurance providers

What does this mean?

- When reviewing your policy details, you will notice two columns (in and out of network). "Out of network" dentists have not agreed to providing services at contracted fees. If a member visits an "out of network" dentist, the insurance coverage will apply to the average negotiated "in network fee schedule" (INFS) based on the area. Members are responsible for any difference in cost. Treatment depending, there is sometimes little to no difference.

Will you submit to my insurance?

- As a courtesy, we will submit claims to the insurance company with which you've provided us. Expect determinations and payments 4-6 weeks after claim was submitted. After 90 days, the patient will be held responsible for any balance. It will be also be your responsibility to follow-up with the insurance provider to assess the lag or nonpayment.
- As a complimentary service, we do have a Treatment Coordinator to provide you with more details regarding a proposed treatment—including acquiring an estimate of coverage via email. All policies are different and we believe every patient should be an active participant in understanding theirs.

What if I don't have insurance?

- We will work with you! Please refer to our Office Policies to view standard courtesies and payment plans.

I am aware that it is ultimately my responsibility to ensure active coverage and timely payments from my insurance provider, and I am solely responsible for account balances.

Patient Name (Printed): _____ **Date:** _____

Patient or Guardian Signature: _____