

Quakertown Family Dental Center

PATIENT INFORMATION ABOUT DENTAL INSURANCE

Our office is aware of the important role dental insurance plays in making dental procedures affordable. We are happy to process your claims at no charge, and in many cases, we participate with the insurance plan and accept their fee schedule. To do this, we need accurate, up-to-date information from you as to what insurance you currently have and the employer/employee information. It is also important to know that we provide the best care possible which may or may not be covered by your dental insurance. Because of this, there are a few facts below to remember:

****Every insurance policy differs according to what your employer and your insurance company have agreed upon.**

****Each insurance plan has different deductibles, maximums, procedures covered, and allowances for each procedure.**

****No dental insurance is meant to be a "pay-all"; it is meant to be an aid.**

****Many routine procedures may not be covered in a particular plan.**

With these facts in mind, we will do all we can to determine your coverage and explain what your financial responsibilities will be. However, due to the complexity of the insurance policies, we can only estimate your coverage until the benefits are paid. If the exact benefits are necessary for you to know before dental procedures are undertaken, you should contact your employer or the dental insurance company for the specifics of such procedures, since the insurance company has no obligation to tell us. Even with the proper information, sometimes the insurance company delays payments. In either case, if we are unable to collect payment within 90 days of the treatment date, we will provide you with the claim to send to your insurance company. Since the contract is with you, not us, you will be responsible for the balance due. It is our hope this never happens, and it is rare, but this helps us keep administrative costs down and enables us to pass the savings to you.

Also, for procedures not covered by your insurance, or larger procedures beyond the scope of your insurance, we will provide you with an explanation of payment options.

If you have any questions, we will be happy to help you in any way possible

I have read this form and understand that I am responsible for any fees not covered by my dental insurance coverage and allow insurance payments directly to the provider.

Signature _____ Date _____