

Patient Dental Benefit Information Sheet

As a *courtesy* to our patients, our office will *assist* you in obtaining the maximum benefit from your insurance. However, there are some common misconceptions about dental insurance benefits of which you should be aware.

1. The term *dental insurance* is actually a misnomer. Insurance traditionally has meant the consumer pays a preset deductible and your insurance pays the remaining balance. A more correct term would be *dental benefits* or *supplement* to aid in offsetting the out-of-pocket expenses accrued by the patient. This expense, called the *copayment* is due at the time the service is rendered.

2. Dental benefits pay based on a premium paid by you or your employer. Higher premiums pay more of the fees charged, have fewer exclusions, are less restrictive and ultimately result in less out-of-pocket expenses for the patient. If you believe your benefit should pay more on a particular procedure it may be beneficial to contact your insurance regarding this issue *not* us. Again, we did not set the standards or choose the plan in which you participate.

3. We do not accept secondary insurances, Workman's Compensation, Homeowner's, or Automobile Insurance claims. All of these will be paid in full at the time of service by the patient and the patient shall seek reimbursement. We will assist you in filing your claim by giving you the necessary information related to your particular case.

4. Any and all insurance balance over 60 days is considered delinquent and must be paid immediately by the patient. It then becomes up to you to receive reimbursement for any benefits due you.

(Patient Signature or Responsible Party)

(Date)

Insurance Company: _____

Plan #: _____

Insured SSN: _____

Telephone: _____

Address: _____

Group #: _____

Employer: _____