



About dental insurance and financial responsibility

Thank you for choosing our office for your child's dental needs. We do our absolute best to help you understand and estimate your insurance benefits. As a courtesy, our office will verify your insurance with your insurance carrier as long as you provide us with your up-to-date and correct insurance information **no less than 1 business day** before your child's appointment. In addition, we will file your child's dental claim with your insurance carrier. Keep in mind all insurance companies include a disclaimer stating verification does not guarantee payment. Due to the **thousands of insurance plans** we ask that you **know your benefits** for it would be **impossible for us to know them all**. Each insurance plan is unique in what services they will allow. Please be aware that your dental insurance plan is a contract between you, your employer, and the insurance company. It is your responsibility to know the benefits, limitations and exclusions of your dental plan. If you are unhappy with its specific coverage, please contact your Human Resources Department.

Only your employer can adjust benefits or change policies. We are not responsible, nor can we guarantee, how your insurance carrier will pay on a claim. Once the insurance carrier has paid their portion, the remaining balance will become your responsibility.

Please note that treatment plans change on occasion during the course of treatment because conditions can worsen or improve and can therefore change your financial responsibility in either direction.

Your deductible and/or copay is due at the time services are rendered. Because your insurance company makes no guarantee of payment, we cannot always guarantee your exact insurance coverage. Therefore, you may receive a statement with an additional balance after your insurance has met their obligation. We ask that your portion be paid at the time of service or within 15 days of receiving such statement. We are always available to answer your questions and/or assist you in any way we can.

I understand that any insurance estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon my dependents in this dental office and that it is **my responsibility to notify the office of any changes in my insurance.**

Signature

Relationship to child

Date