

DR. SMITH'S MESSAGE TO PATIENTS
REGARDING DENTAL INSURANCE COVERAGE

We would like to clarify the relationship between our office, our patients, and dental insurance providers.

When we file dental insurance claims for our patients, we are attempting to assist our patients in receiving the benefit of their dental insurance coverage. **However, our efforts do not effect the patient's ultimate responsibility for full payment of fees.**

Generally, insurance policies will state that they pay a percentage of the cost of services based on what they consider to be the "usual and customary fee" for such services. Usually, an insurance company will not disclose in advance the amount that they consider to be the "usual and customary fee" for a service. It has often been our experience a "usual and customary fee" for a service is very different from one dental insurance company to another, and even by the same dental insurance company from one claim to the next.

As an example, when a patient's dental insurance policy states that the insurance company will pay 100% of the cost of preventative services, that means that the company will pay 100% of what that particular company considers to be "usual and customary fee" for preventative services. In some cases, this amount is less than 100% of the fees charged by our office. When this happens, the patient remains responsible for the difference between the amount paid by the insurance company and the amount charged by this office.

Any fees for dental treatment received in our office where a dental insurance claim is to be filed by our office is due in full within 30 days after the date of service, whether paid in full by the insurance company or by a combination of payments by the insurance company and the patient.

If you have any questions about our policy regarding dental insurance coverage and patient responsibility for fees, please feel free to ask any one of us.

Please keep this page for your records, and return the attached acknowledgment of receipt of this information.

I acknowledge receipt of Dr. Smith's Message to Patients Regarding Dental Insurance Coverage. I understand that Dr. Smith's office will file my claim for dental insurance coverage. I also understand that if my dental insurance provider does not pay for 100% of the fees charged by Dr. Smith's office, then I will be responsible for the difference. Both payment by the my insurance provider and payment by me of any remaining balance are due within 30 days of the date of services.

Sign Above

Print Name:

Date: _____