

Dental Insurance Information **We do not file secondary insurance**

Patient's name: First _____ MI _____ Last _____ DOB _____

Policy holder is the person who *carries the insurance*, usually through their employer.

Policy holder's name: First _____ MI _____ Last _____

DOB _____ Relationship to patient _____ S.S. # _____

Policy holder's address _____ City _____ State _____ Zip _____

Policy holder's employer _____ Dental insurance name _____

Group number _____ Policy holder/Patient ID# (if different than SS#) _____

Insurance Company Address: _____

Insurance Company Phone #: _____

If patient is over 18, is he/she currently enrolled in college? (Please circle) Yes No

If yes, name of school _____ (Please circle one) Full time student Part time student

Please carefully read all of the following, then sign and date at the bottom.

Insurance filing

Filing insurance claims is a courtesy; you are expected to know your benefits. If we cannot verify your insurance coverage, you are responsible for all fees incurred. If insurance does not pay your bill including what we estimated, we will not be responsible for collecting from your insurance company. The patient is personally responsible for payment of all dental services.

Co-pays and deductible

You will need to pay your deductible and co-pay percentages on the day services are rendered. If there is a balance after your insurance pays, you will receive a statement from our office. If insurance pays more than we estimate, you may leave the credit on your account for future work, or request a refund check from our office.

Tooth-colored fillings

Composite (tooth-colored) fillings are now the standard of care, amalgam (silver) is not. Some insurance companies will not pay the difference for a composite filling on a back tooth. If this is the case with your insurance, you will owe the difference.

Statements after insurance pays

We can only ESTIMATE what your insurance should pay, you are responsible for all fees not covered by insurance and will receive a statement for any unpaid amount.

Pre-Authorizations

If you are concerned about your insurance possibly not covering a procedure, we will be glad to submit a pre-authorization on your behalf. Please keep in mind pre-authorizations usually take several weeks to be processed by your insurance company. We do not submit pre-authorizations unless requested by the patient/ responsible party. (If you would like a pre-authorization submitted, please inform us; your signature on this form is not a request for a pre-authorization.)

I have read and completed all items in good faith and as accurately as possible.

I authorize payment of dental benefits to be paid directly to the provider/dental office. I understand this form will remain effective until a new "Dental Insurance Information" form is completed and signed.

Signature on file _____ Date _____