

## **INSURANCE & PATIENT RESPONSIBILITY ACKNOWLEDGEMENT**

INSURANCE COMPANIES ARE IN BUSINESS TO MAKE A PROFIT, THE LESS THEY PAY THE MORE THEIR PROFIT. YOUR DENTAL TREATMENT AT THIS OFFICE IS BASED UPON WHAT IS BEST FOR YOUR ORAL HEALTH, AS THIS WILL MINIMIZE YOUR DENTAL TREATMENT & DENTAL EXPENSES OVER YOUR LIFETIME. THUS THIS OFFICE DOES NOT TREAT YOU BASED UPON WHAT YOUR INSURANCE ALLOWS. IT IS EVERY PATIENTS RESPONSIBILITY TO BE WELL INFORMED ABOUT THEIR INSURANCE COVERAGE, WITH RESPECT TO WHAT IS COVERED & NOT COVERED, HOW OFTEN VARIOUS PROCEDURES ARE COVERED AS WELL AS HOW MUCH COVERAGE YOU HAVE A YEAR. PATIENTS NEED TO INFORM US IN ADVANCE IF THEY DO NOT WISH TO HAVE TREATMENT FOR NON COVERED SERVICES, OTHERWISE YOU WILL BE RESPONSIBLE FOR PAYING FOR THAT SERVICE.

FEEES QUOTED TO YOU FOR WHAT YOUR INSURANCE COVERS AND WHAT YOU OWE ( KNOWN AS YOUR CO-PAYMENT ) ARE ESTIMATES ONLY BASED ON THE INFORMATION WE HAVE. YOU ARE RESPONSIBLE FOR PAYING YOUR ESTIMATED CO-PAYMENT AT THE TIME OF TREATMENT . ONCE WE RECEIVE PAYMENT FROM THE INSURANCE COMPANY WE WILL KNOW EXACTLY WHAT YOU OWE. IF YOU HAVE PAID TOO MUCH YOU WILL BE REIMBURSED . IF YOU OWE MORE, THEN YOU WILL BE SENT A BILL. IT IS ALSO IMPORTANT THAT YOU BRING YOUR INSURANCE CARD AT EACH VISIT. PATIENTS NEED TO INFORM US OF ANY CHANGES IN THEIR INSURANCE COVERAGE.

BY WORKING TOGETHER WE WILL BE ABLE TO HELP YOU HAVE BEAUTIFUL TEETH FOR A LIFETIME AND ALLOW YOU TO GET THE MOST OUT OF YOUR INSURANCE COVERAGE.

I HAVE READ THIS NOTICE AND FULLY UNDERSTAND IT'S CONTENT.

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PATIENT'S NAME

DATE