

Using Your Dental Plan

Dental savings and benefit plans vary widely. Your coverage is usually based on the level of policy purchased by your employer or group. **Please remember your employer and insurance company dictate your coverage, not our office.**

We will do our best to maximize your benefits however we will not allow your benefits to dictate treatment recommendations. Therefore, we cannot guarantee that your plan will assist you with all treatment recommendations.

Please carefully read your policy and be aware of all aspects of your insurance coverage. We recommend going online to your insurance company or calling and requesting a copy of your benefits.

We will submit claims and honor assignment of benefits to any dental plan that will allow us to do so. We are happy to submit claims for both in-network plans and out-of-network plans. It is possible that your plan will utilize your out of network benefits. We encourage you to contact your insurance company to confirm your current network and participation status. Benefits may or may not change if using out-of-network benefits. Some plans will only reimburse the policy holder if using your out-of-network benefits. For example, patients with Delta PPO will only be considered in-network if their benefits include the Premier option.

Fees are determined by the level of care, skill, and judgment a procedure requires and are the same regardless of whether you are insured or not.

We can only estimate what your insurance coverage may be. You are responsible for any balance that your insurance company does not pay.

We will do our best to provide you with an estimate of coverage for services. This is only an estimate. Many plans have "non-covered" services that are not disclosed clearly in your policy. If your plan denies a service as being "non-covered" or "re-codes" or "down-grades" a service billed to provide an "alternate benefit" then you are responsible for the full office fee instead of the participating adjusted fee pursuant to Virginia State Law. **Many insurance companies will no longer provide benefit information over the phone and only provide vague information online or by fax. We are only as good as the information we are given and appreciate your understanding if your plan pays differently than expected.**

100% of the estimated patient portion is due at your appointment unless you have made other financial arrangements with us. If your plan reimburses less than estimated, you will be responsible for the remaining balance.

I have read and understood the information above.

Patient Name (s) _____

Patient/Guarantor Signature _____ Date _____