Facts About Dental Insurance You Should Know

Dental Insurance and Patient Responsibility

*Many dental plans are based on a contract between an employer and the insurance company or an individual and the insurance company. They agree on the amount that the plan pays and what procedures are covered. If you have a dental care need that is not covered by your plan, you are responsible for that cost. Because your dental office is not part of that contract with the insurance company, any information we have about a dental plan's benefits comes from the general information the insurance company has provided about that plan (through a web portal, speaking to an insurance representative, or by way of a limited, faxed benefit summary). X_____

*A dental plan may not cover treatment for conditions that existed before you enrolled in that specific plan (such as treatment in progress). Even if your plan does not pay for certain procedures, you may still need that treatment to keep your mouth healthy. Your dentist will base your treatment plan on what you need, which won't always align to what your insurance will pay for. X_____

*Dental insurance rarely covers 100% of the services provided. Check your plan(s) for details regarding your dental benefit. X_____

*When we recommend a treatment plan, our team will be happy to provide you with an **estimate** of what your insurance will likely pay for the procedures. <u>Although we cannot guarantee the amount of</u> <u>insurance payment</u>, we will always submit claims to your insurance company as a courtesy. We will estimate your portion based on the general information that your insurance company provides for that plan. Just like with your medical coverage, <u>you are ultimately</u> <u>responsible for any uncovered portion of the fee for treatment.</u> By signing and initialing below, I acknowledge that I understand that I am solely responsible for my account at Cleburne Dental Care. This pertains to any and all treatment not covered by my insurance company.

Patient Signature: _____ Date: _____

X_____ I understand that Cleburne Dental Care will bill my account for treatment not paid by my insurance company within 90 days of the treatment service date.

X_____ I understand that it is my responsibility to know my insurance plan benefit coverage and details.

Dr. Davis and staff appreciate all of our valued patients and do our very best to provide you with quality dental care and a good overall dental experience.