

## PATIENT ACKNOWLEDGEMENT

Dear New Patient,

Dental insurance is one of the most beneficial and most misunderstood factors in dental treatment today. This explanation will attempt to clear up many common misconceptions about dental insurance.

Dental insurance is a contract between the employer, the patient, and the insurance company. It has NO CONNECTION at all to the provider of the dental treatment.(i.e. the dentist). The extent of coverage varies greatly from company to company, and sometimes even within a company. It has absolutely nothing to do with the level of service provided by the dentist and the fee charged for these services.

An often misleading term used by many insurance companies is “UCR”. This is an arbitrary fee ceiling at which the insurance company will stop reimbursement. After the ceiling, coverage for a particular procedure will ease. Again, this has nothing to do with the fee charged, but with the level of coverage negotiated by your employer.

We will make every effort to assist you with your particular insurance coverage. Although it is not required, we will prepare and submit your insurance claim form at no cost as a courtesy to our patients. We will also provide an ESTIMATE that will show expected insurance reimbursement and patient co-payments for every procedure. The patient’s share will be due at the time of treatment unless prior arrangements have been made. Should our estimate of the patients share be too high, a refund will be made at the time of payment from the insurance company. Likewise, if the estimate was too low, the remainder will be due by the patient at that time. Should no insurance payment be made within ninety days of a submitted claim, the fee will become the sole responsibility of the patient. Any remaining patient balances are due 30 days after the statement date and interest charges of 1.5% per month (18% per year) will accrue after 60 days.

If you have any further questions concerning dental insurance, please call the office and we will be happy to assist you.

Please sign and date below acknowledging your understanding of and agreement to the above.

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Patient Signature

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Date