

## POLICY REGARDING DENTAL INSURANCE

As a service to our patients, we will submit your insurance claims for you at the time of your visit. However, the patient is responsible for the co-payment (amount not covered by insurance) at the time of service. We ask that you provide us with your dental claim form filled out and signed in all the appropriate places. The following is a statement of our policies governing insurance claims:

1. Our office does **not** guarantee that the patient's insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason, the patient's insurance claim is denied, the patient is then considered to be responsible for the full amount of the bill.
2. Our office will not enter into a "dispute" with an insurance company over any claim, although we will work with the insurance company to sort out any confusions or questions which might arise. It will be the responsibility of the patient to handle with the insurance company any type of dispute over payment by the company.
3. If the patient's insurance company does not assign benefits to the provider (dentist) the patient will be responsible for payment at the time of service. We will file the claim for the patient and they will be reimbursed by their insurance company.

If you understand and agree with all of the above office policies, please sign your name below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date