

## DENTAL INSURANCE POLICIES & INFORMATION

**You need to bring** your insurance card to your first visit, as well as provide pertinent information to our front desk specialists. In the event your insurance changes, you need to make us aware of that.

**We will always do our best** to help you to maximize your benefits.

**Although we file claims for you as a courtesy**, your dental insurance policy is a contract between you, your employer, and your insurance company. We are not a party to that contract (we are not a participating provider).

### PRIMARY INSURANCE

Name: \_\_\_\_\_

SS# or ID# \_\_\_\_\_

Subscriber date of birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### SECONDARY INSURANCE

Name: \_\_\_\_\_

SS# or ID#: \_\_\_\_\_

Subscriber date of birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Your treatment plan is individually tailored**, and is not based on your dental insurance benefits or lack of benefits.

**Not all services are a covered benefit in all contracts.** Some insurance companies arbitrarily select certain services they will not cover. *It is your responsibility to thoroughly understand the coverage and exceptions of your particular policy.* Coverage issues can only be addressed by your employer or group plan administrator. *We cannot act as a mediator with the carrier or your employer.*

**As a courtesy to all of our insured patients**, we will file your dental insurance claim forms. You are responsible at the time of treatment for payment to us of any applicable deductible and for your coinsurance portion. In special circumstances, a particular insurance company's benefit check can be sent to you directly. In such cases, any payments made directly to you by your insurance company on unpaid balances should be forwarded immediately to our office so that your account may be credited accordingly. The filing of an insurance claim does not relieve you of timely payment on your account. You are responsible for any amounts your insurance company chooses not to pay, for whatever reason. *Please feel free to contact your insurance company regarding unpaid benefits. We will gladly provide you with all pertinent information regarding services that you may need.*

The unpaid insurance portion will automatically become your "patient balance" and a statement will be issued to you for the unpaid balance. Please refer to our Financial Policy for any outstanding balance questions.

***I understand and accept*** the financial and the dental insurance policies listed above and have had any and all questions answered to my satisfaction. ***I agree*** to pay for all treatment in a timely fashion as described so as to avoid any additional fees.

*[For those patients with dental insurance who would prefer that their insurance company send payment to this office.] I hereby authorize my insurance benefits to be paid directly to Snyder Family Dentistry. I realize that I am responsible to pay for any deductible amount(s), my co-insurance portion, and for any non-covered services. I understand that I am financially responsible for any and all charges of dental treatment and incurred fees, whether or not paid by said insurance and I agree to pay such charges in full.*

X \_\_\_\_\_

**Patient Name:**

X \_\_\_\_\_

**Patient Signature (parent if minor)**

**Date**