

## *Understanding Your Insurance*

Understanding your insurance coverage can be very challenging. Our goal is to assist you in maximizing your benefits. Benefits vary from plan to plan and employer to employer. It is *your* responsibility to become familiar with your policy's exclusions, deductibles, maximums and required co-payments. Please be aware that dental insurance differs from medical insurance in that all co-pays vary depending on procedures, surfaces, materials used etc. Your insurance policy is a contract between *you* and your insurance company and we are not party to that contract. Our fees are your responsibility whether or not the insurance company pays your claim.

### ***Our Courtesy Service to you Includes:***

1. Electronically filing your insurance claims within 48 hrs of your visit and requesting payment of your benefit to our office directly.
2. Researching your dental insurance plan to try to advise you of your benefits.
3. Furnishing your plan with all the necessary documentation required for approval of extensive treatment.
4. Following the American Dental Association guidelines for coding procedures in accordance with the insurance company.
5. Following up with your insurance company if they do not respond within 45 days, and resubmitting the claim with additional information if necessary.

### ***Our Expectations of you as a Policy Owner:***

1. Your estimated co-payment to be paid at time of service.
2. Understanding that the dental insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
3. Realizing that some dental insurance policies restrict payment for some services, use restricted fee schedules (usual and customary rates) and exclude some procedures based on prior conditions or length of time on plan. All restrictions are based on the premium paid for your insurance, not on our fees or recommended treatment.
4. Paying any and all insurance claims that have not been paid by your insurance within 60 days of submission.
5. Be aware that we are willing to assist you in navigating your plan benefits however we can not guarantee payment and are not responsible if the plan pays differently than we expected.
6. Keeping our office updated of any changes to your insurance or employment.

***Thank you for your cooperation and understanding with your dental insurance coverage. I hereby authorize Melrose Family Dentistry to release my insurance company information required during my dental care. I hereby authorize benefits to be paid directly to Melrose Family Dentistry. I understand that I am responsible for any unpaid balance.***

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Patient Signature (or guardian if under 18)

date