



IMPORTANT INFORMATION ABOUT YOUR DENTAL INSURANCE

Our office is happy to help you file your dental insurance claims. Dental benefits plans can vary from company to company with different procedures covered or not covered. Insurance companies base the amount that they will pay toward your treatment on restricted fee schedules related to premium payments and geo-graphical location. In other words, your insurance plan will pay only what it allows for each service, regardless of what the actual fee might be. Deductibles and co-payments are typically built in to most plans and their required payment is strictly regulated by state law. Both our office and you as the policy beneficiary can prosecute if deductibles and co-payment are not collected. Your employee Benefits Director can usually help you become familiar with your plan and its restrictions, and our office will assist you in maximizing your benefits.

OUR RESPONSIBILITIES:

1. We will complete your insurance claim forms and submit them to your carrier for you within 24 hours of treatment.
2. Use current American Dental Association coding for correct reporting of procedures.
3. Accept direct payment from your carrier for their portion and keep track of balances.
4. If necessary, re-file your insurance a second time within a 60 day period.

YOUR RESPONSIBILITIES:

1. To pay fees not covered by your plan at the time of treatment.
2. To provide our office with necessary information concerning your insurance coverage to allow proper filing of claims.
3. To understand that your plan is a contract between you, your employer and your insurance company. As a courtesy, our office will do all we can to facilitate claims payment, but we do not have the power to make your insurance plan to pay.
4. To pay an account balance not paid by your insurance company after 2 billing attempts with your insurance.
5. To give us a 24 hour notice if you need to cancel/reschedule an appointment. If your family misses a combined total of 3 appointments without notice, you will be dismissed from the practice.

We thank you for choosing our office and will do all we can to help you obtain the benefits you deserve.

Please sign this form below.

I hereby authorize payment directly to Tower Dental Arts of my insurance benefits which are otherwise payable to me. I understand that I am ultimately responsible for all costs of dental treatment. I grant the right for Dr. Rocha to release my dental/medical histories and other information about my dental/medical histories and other information about my dental treatment to third party payers.

Patient Signature

Date