

Financial Policy for Discount Plans and Insurance

Please bring your insurance card or discount card with you to your dental visits. 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 happy to help you with any questions or concerns that may arise regarding your insurance.

We will do our best to maximize your dental benefits but keep in mind your treatment plan is individually tailored and is not based on dental insurance benefits or the lack thereof.

We are a participating provider for most PPO's. We are **not** in network with any HMO or DHMO plans.

Discount Plans

A discount dental plan is not insurance coverage. It allows you to use the plan's dental fee schedule for services. As a result, **you are expected to pay your part of service when service is rendered.**

For Discount Dental Plans we accept cash, check, MC, Visa, American Express, Discover for payment.

We do not accept Care Credit as you are already receiving a discount.

I agree to pay my part of treatment when treatment is rendered.

Dental Insurance

It is your responsibility to understand your insurance policy, what it covers, and any limitations. We will file your insurance for you on the day of service. We will also be happy to file a pretreatment estimate for recommended procedures to see what your insurance will cover.

I understand that I am responsible for my charges to my account, regardless of what my insurance pays.

I understand I am responsible to pay my deductible, my co-insurance portion, and for any non-covered services the day treatment is received.

I understand that if my insurance has not paid in 45 days the balance becomes my responsibility and must be paid within 30 days.

I understand that my insurance may downgrade my service and pay less than expected and that I am responsible for the difference.

I understand and accept the dental insurance policies listed above and have had all questions answered to my satisfaction. I agree to pay for all treatment in a timely fashion. I authorize my insurance benefits to be paid directly to Drs. Marsh and Edgerton. I understand that I am financially responsible for any and all charges related to dental treatment and any incurred fees, whether paid or not by said insurance, and I agree to pay such charges in full.

Patient Signature (or parent of minor)

Date

Staff Initials

