

PARKVIEW DENTAL POLICIES FOR INSURED PATIENTS ONLY

Our office will submit insurance claims as a courtesy for you. Please realize that our office may or may not have a contract with your insurance company. The benefits that you have are a contract between your employer and your insurance company. Therefore, you may be asked to help us with contacting your insurance company if a problem arises. If you have any questions, please let us know, so that we can help you understand how to maximize your insurance benefits.

Although your insurance company may quote your benefits as being 100%, 80%, or 50%, there are a few clauses.

1. The percentages of your benefits are based on the fee schedule that the insurance company and your employer agreed upon, not our fee schedule.
2. Your insurance may have a yearly deductible that you must pay, before your insurance company processes payment on your claim. Most of the insurance companies apply your deductible when you have basic or major services performed. Occasionally an insurance company will apply the deductible to preventative or diagnostic procedures.
3. Each year there is a maximum benefit amount allowed for each person covered by the insurance plan. Benefit years may be a calendar year or a contract year.

By giving our office your current insurance information we will gladly submit your insurance claim. With the correct information, we are able to estimate your co-payment for each service that you will have performed. Remember, that it is only an estimate, but we ask that you pay your estimated portion, and by doing this, it helps reduce the cost of billing. Because we are able to determine your estimated co-payment for services, we expect payment as treatment progresses, regardless if the insurance has paid its portion. **We will not wait until the insurance pays to collect your co-payment.** Your co-pay consists of any deductible, non-allowable charges, non-covered services, and the percentage you are responsible for.

If you wish, we will print for you a treatment plan that will include estimated fees, estimated insurance benefit payments, and estimated co-payments. With this treatment plan, you will be able to determine if you will be able to pay in full, or if we need to spread out treatment to allow you to pay at each visit. If you need to finance your treatment, we have a contract with CARECREDIT. Make us aware of your needs and we will submit your credit application.

After your insurance pays our office for your treatment, if there is any balance left over we will send a statement to you. It is beneficial to you to have the correct insurance information so that we can submit your claim for you, we can expedite insurance payments, and we can reduce our billing costs.

Authorization and Release

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me during the period of such dental care to third party payors. I authorize and request my insurance company to pay directly to Christopher S. Puggeda, D.M.D. any group insurance benefits otherwise payable to me. I understand that my dental insurance may pay less than the actual bill for the services. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE OFFICE FINANCIAL POLICY REGARDING INSURANCE COVERAGE.

Signature of responsible person for the family account

Date