



Advanced Smiles Dental, P.A.

Excellence in Cosmetic and Family Dentistry

EXPLANATION OF DENTAL BENEFITS

ADVANCED SMILES DENTAL will be happy to help you file your insurance claims without additional charge and will do all we can to help you receive maximum benefits. We will verify eligibility and will be given a very basic breakdown of a patient's coverage by the insurance company. However, ultimately the "contract" is between the patient and the insurance company, the account in our office thereby being the responsibility of the patient. We have prepared the information below to help you understand more about dental insurance.

DETERMINING BENEFITS:

Your benefits are determined by your employer, not your dentist. We will be happy to review your benefits with you as much as we can, however, for detailed coverage information you will need to contact your Human Resources department or your insurance company. Advanced Smiles Dental will verify coverage, but that is not a complete breakdown of benefits nor is it a guarantee of payment. Not only are we not allowed detailed benefit information, per HIPAA regulations, we are also not given updates on policies. If there are any changes to a policy, it is the patient's responsibility to let our office know so that we may provide you with the best care possible while maximizing your benefits.

DEDUCTIBLES/MAXIMUMS:

Each policy generally has a deductible to be applied once a year towards basic/major treatment; details and amounts vary with every insurance plan. The deductible is added to the patient's co-payment amount due at the time of service. Each patient also has a yearly maximum that their insurance company will pay towards any treatment performed by the dentist or hygienist, including routine cleanings and exams. Please consult your manual for your policy details.

RESPONSIBILITY FOR PAYMENT:

Patient co-payments are due in full at the time services are performed. We are given a very general breakdown of coverage by the insurance company that allows us to give each patient an *estimated* co-payment amount to be paid when treatment is performed. We will submit each claim to the insurance company for their portion, however, if the insurance company does not pay what we are expecting, the remaining balance is the responsibility of the patient. The insurance company pays Advanced Smiles Dental directly unless the patient wants to pay for services in full at the time services are performed and submit the claims themselves. We cooperate with all regulations and requests of the insurance companies and send them the necessary information for each claim. If there are any disputes, we will work with the patient and insurance company to try to resolve the issue. All balances due will need to be paid within 30 days upon receipt of invoice.

I, _____, understand and agree with all of the above office policies.
(PLEASE PRINT PATIENT NAME)

Patient Signature/Guardian Signature

Date

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