

Insurance Disclaimer

The patient is responsible for understanding his/her insurance in regards to policy, procedures, prior authorizations, referrals, maximums, and general coverage guidelines. Our office works hard to ensure hassle-free billing and insurance transactions. Given the numerous benefit packages provided through each policy, it is still the patient's responsibility to be properly informed of coverage benefits.

Patient Dental Insurance Consent Agreement

Initials _____

Having dental coverage can make it easier to get the dental care you need. It's important to understand that most dental benefit plans do not cover all dental procedures. When deciding on your treatment, dental benefits should not be the only thing you consider.
American Dental Association

Your Dental care is important. Your insurance benefits greatly help. This is how they work together.

1. Every insurance policy is different. We will help you explain the benefits you have with your individual plan. It is up to you to call your insurance company and learn exactly what benefits you have and what you don't have.
2. We currently do not participate in any insurances. We are an out of network provider. We accept your insurance benefits in full for routine care and initial exams. For major treatment(restorative, crowns, root canal treatment, extractions, implants, etc) your deductible applies along with a predetermined out of pocket expense that will be reviewed with you prior to treatment.
3. Predetermination (sent to your address) is meant to evaluate the benefits your insurance will provide for recommended treatment.
4. The policyholder may receive a check for services rendered from the insurance company. If so, that check is meant to be applied to the patient's The Dental Collective account, as the account is not adjusted appropriately until the check is applied.
5. Appointment times are reserved especially for you. Therefore, if you come in late or do not come in at all, the Doctor may request that you reschedule the appointment and you may be charged a broken appointment fee of \$100. If for any reason you should need to change your appointment, there will be no charge, provided you give us 48-hour notice. Please help us serve you better by keeping your scheduled appointments

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Authorization of Dental Treatment

I authorize The Dental Collective, PC to perform an oral examination for the purpose of diagnosis and treatment planning. In addition, if medically necessary, I authorize the release of any information acquired in the course of the examination and treatment.

Signature _____ Date _____

Print Name _____