



INSURANCE/PAYMENT POLICY

I understand that payment for services is due at the time that the services are rendered. Charges are ultimately my responsibility. I understand that my insurance enables me to be seen at your office or I will be responsible for the balance. I also understand that, as a courtesy, Dentistry for Children, PC's (DFC) office will file my insurance for me. Any filing of secondary insurance will be my responsibility.

The following procedures are often not covered the way you would like - so please check with your insurance company if you are concerned: 1) composite (white, tooth-colored) fillings on back teeth; 2) more involved nerve treatments (pulpectomies); 3) plastic sealants; 4) laughing gas; 5) orthodontic treatment that DFC does for your child(ren) and 6) space maintainers.

We attempt to ESTIMATE your insurance benefits as accurately as possible. However, changes in benefits and exclusions, which may be unique to your policy, may result in a refund or additional balance due after your insurance has paid. Any balance after insurance that is due is PAYABLE by the parent/guardian.

Insurance is not as easy to understand as it used to be. It is wonderful to have, but it is ultimately your responsibility to understand how it pays for services. We are delighted to help you BUT please understand that we are GUESTIMATING about certain coverages - you can call your insurance company directly. Again ASK for help.

Date _____ Signature _____

Please check with your insurance company and answer the following questions:

Is your insurance plan a DMO, PPO or indemnified? _____

Does your insurance provide coverage for sealants? _____ and on which teeth? _____

_____ What is the age limit? _____

How many fluoride treatments a year are covered? _____ We generally recommend two per year. What is the age limit? _____

Are composite fillings covered as amalgams or at the Insurance's Usual Customary Rate (UCR)? _____

How many times a year are bitewing x-rays covered? _____

What is the total annual amount that your insurance will pay? \$ _____