

# Vital Information about your Dental Insurance

Our office is happy to help you file your insurance to receive the dental benefits that you and your employer are paying premiums for. Dental benefit plans vary from company to company with different coverage for certain procedures. Insurance companies base the amounts they pay toward your dental treatment on restricted fee schedules related to premium payments and geographical location. In other words, your insurance plan will pay only what it allows for each service, regardless of what the actual office fee might be.

Deductibles and co-payments are typically built in to most plans and their required payment is strictly regulated by state laws. Both our office and you as the policy beneficiary can be prosecuted if deductibles and co-payments are not collected. Your Employee Benefit Director can help you become familiar with your plan and its restrictions. Our office will assist you in maximizing your benefits.

As a courtesy to our patients, our office will:

- ❖ Complete your insurance claim form and submit them to your carrier for you with proper documentation included.
- ❖ Accept direct payment from contracted insurance carriers (with the exception of MetLife), have out of network insurance carriers reimburse the patient directly, and keep track of balances.
- ❖ Use current ADA coding for correct reporting of procedures.
- ❖ If necessary, re-file your claim for a second time within a 60 day period.

Your responsibilities as a patient:

- ❖ Pay fees not covered by your plan at time of treatment.
- ❖ If out of network insurance, payment in full at time of treatment.
- ❖ Provide our office with the necessary information concerning your insurance coverage to allow correct filing of claims.
- ❖ Understand that your plan is a contract between you, your employer, and the insurance carrier. Our office will do all we can to facilitate claims payment, but we do not have the power to make your plan pay.
- ❖ Pay any account balance not paid by insurance in 30 days.

We thank you for choosing our office and will do all we can to help you obtain the most from your benefits. Please sign this form to acknowledge you have read and understand these courtesies and responsibilities. We will keep a copy in your chart and give you a copy for your records.

*I hereby authorize direct payment of my insurance benefits to Prudential Dental Associates. I understand that I am ultimately responsible for all costs of dental treatment. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third party payers.*

\_\_\_\_\_  
Patient or Insured

\_\_\_\_\_  
Date

**Prudential Dental Associates  
575 Boylston St 7<sup>th</sup> Floor  
Boston MA 02116  
(617) 267-3889**