

Eagle Run West Dental Group
Dental Insurance Policy

Please read carefully and initial by each X and sign at the bottom.

We are **“Out of Network”** for most insurance companies, thus you will be responsible for any fees your insurance does not cover.

Insurance coverage will be verified with the carrier before or during the initial visit to our office. In the case of a change in insurance information for existing patients, the same will be accomplished. We will verify to the *best of our ability* the yearly deductible and maximum, the covered percentages of Preventive, Basic, and Major services, any waiting periods, and any restrictions including, but not limited to, fluoride application for adults, sealants, replacement clause or missing tooth clause.

Most insurance companies pay a percentage of the Usual and Customary amount which is either equal to or less than our fee. If their Usual and Customary fee is less than our fee, you are responsible for any amount that your insurance does not cover. Some insurance companies will pay on a “Fee Schedule” which is typically much lower than the Usual and Customary amount for our area and they do not always inform us of fee schedules. We will provide an estimate of what we believe insurance will pay based on the information the insurance company has provided us with. Fees, insurance benefits, and patient portions are only Estimates and are not a guarantee of payment by your insurance company. **I understand that payment of this account is my responsibility.**

X _____

If your insurance company is **Blue Cross Blue Shield**, you will be required to **pay your balance in full at the time of service** and your insurance company will reimburse you directly.

X _____

We are now **“In Network” Providers** for the following plans: **Aetna Dental Access & Aetna Dental Administrators, Cigna Dental Savings Program and Delta Dental Premier**. We have negotiated fees with these plans and are required to adjust off any differences between our fee and the plan's “allowed amount”. Some services may be “not covered” by your plan, meaning the full amount will be the patient's responsibility.

For any insurance company outside of Blue Cross Blue Shield, we will estimate how much insurance will pay us directly and you will be responsible for the estimated “Patient Portion” at the time of service. If there is a remaining balance after insurance pays, we will send you a statement that needs to be paid promptly.

X _____

To avoid disappointment, we strongly suggest taking advantage of the Pre-treatment Estimate feature for more extensive dental treatments, as your insurer will provide you the exact amounts they will cover.

It is our courtesy service to you to submit all claims with the necessary documentation and correct coding. Our goal is to assist you in maximizing your dental coverage. We will work with you to understand your policy exclusions, deductibles, and required co-payments. Our office is proud to offer the quality of care we provide at such reasonable costs. **It is the responsibility of the patient to pay any deductible amount, co-insurance or any balance left unpaid by your insurance company.**

X _____

I acknowledge that I have read and received a copy of this Insurance Policy.

Patient Signature _____ Date _____

Patient Name Printed _____

Signature is valid for three years from the above date. A new Insurance Policy will be required if your Insurance Company changes. A copy of this policy may be requested at any time.