

BILLING GUIDELINES

FOR ALL ACCOUNTS

I agree to be and am fully responsible for total payment of services performed including amounts not covered by any health, dental, or prepayment program I may have.

The policy in our office is that the parent who requests treatment for a minor child is responsible for all fees for services rendered.

Signature of Patient or Parent requesting Care

Date

We are anxious to help you receive your maximum allowable benefits from your dental insurance. It is important that you understand that, as your dental care provider, our relationship is with you, not your insurance company. While filing the insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

We are happy to help you process your insurance claims. We require a signed signature on file form in our files. If a completed dental claim form is necessary at each visit, we will let you know.

We will try to answer any questions you may have relating to your insurance. Please realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Our fees are considered to fall within the reasonable range by most companies, and, therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50 percent or 80 percent) or U.C.R. U.C.R. is defined by the insurance companies as usual, customary, and reasonable fees. This statement does not apply to companies who reimburse based on an arbitrary schedule or fees, which bear no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Our office is not responsible for monitoring each contract limitation.
4. Although your policy may state you have 100 percent coverage on either preventative or basic services, be aware that the yearly deductible may still apply.
5. Any information our office gives you regarding your insurance coverage is an estimate. We make these estimates based on information available to us. We have invested in the most innovative equipment to keep current on most policy changes, but we are not responsible for any decisions regarding payment that the insurance company makes.
6. Almost all insurance policies have a yearly maximum. This office is not responsible for monitoring the amount of benefits used to date. Please check with your insurance company to determine what benefits remain in your account for the current year.

(IF INSURED) I authorize the release of information requested by my insurance company for the purpose of payment of insurance benefits. I authorize payment directly to Dr. Williams. A copy of this authorization shall be as valid as the original.

Signature of Patient or Parent requesting Care

Date