

Dental Benefits Agreement

We believe that good communication, understanding, and respect are the basis for an admirable and worthy relationship with our patients and their parents. Because we strongly believe in our work and professional efforts to hold the relationship we've developed with our patients and parents so highly, we ask you to please read this document thoroughly.

First, it is critical to understand that the term "dental insurance" is misleading. What is commonly known as "dental insurance" is more correctly termed "dental benefits." Dental benefits are not intended to pay everything; rather, they assist with the costs of dental treatment. Generally, dental benefits: 1) pay a percentage of each procedure or a set amount according to a fee schedule, 2) may include deductibles which must be satisfied before benefits begin, 3) have a set yearly or lifetime maximum. The benefits available to you are established according to which plan your employer has purchased. Treatment in our office is not based upon your having a dental plan, nor is treatment altered to fit the benefit paid by your plan.

Your dental insurance is based upon a contract between you and/or your employer and the insurance company. *Our practice is in no way associated with the contract between you and your insurance company. Therefore, we are not responsible for the terms or benefits of your insurance.* Submitting claims to your insurance company is a **courtesy** we provide for our patients. We realize that dental insurance can be a great benefit for many patients, and we want you to recognize that we faithfully endeavor to maximize every benefit dollar you are entitled to within your coverage plan.

Dental insurance benefits differ, and can vary from plan to plan. You may receive a notification from your insurance company stating that dental fees are higher than the "usual and customary." Insurance companies never reveal how they determine these usual, customary, and reasonable (UCR) fees. In some areas, it is determined by taking some percentage of an average fee for a particular procedure in that geographic area. Let us state that we do not provide average dentistry, but strive for excellence in dentistry when it comes to your child. Because the UCR fee can vary greatly from state to state, coverage quoted at 80% by the insurance company may be more like 50% if their UCR fee is on the lower end of the scale. Remember, the amount a plan pays is determined by how much you or your employer paid for that plan. When your insurance states that a certain procedure is not a covered item, that does not mean that the treatment recommended is not necessary or appropriate. Rather, the procedure is simply not covered by the insurance company. Please remember that your dental benefit plan is designed to encourage regular **preventive** dental care, and we are all concerned about maintaining your child's health. Prevention not only protects your child's dental health, but it also ultimately saves you money. Above all, your child's dental treatment will be based upon need, not based upon the type of benefits covered by your dental plan.

At any time, please feel welcome to ask any questions concerning your child's treatment and/or associated cost of treatment. A written estimate will be provided for all follow-up treatment or upon request, and we will discuss the cost of your child's treatment and the assistance you can expect from your dental insurance. However, because of the varying differences in insurance coverage we can only **estimate** your payment amount. In an effort to maintain a good relationship and understanding with our patients and their parents, we will make every effort to clarify any information and/or correspondence we receive regarding your dental insurance.

Once insurance is confirmed, **we require payment of the patient's portion at the time of service.** Please see reverse side for payment options. After insurance has paid its share, any balance remaining will be due within 25 days after receipt of our statement. If insurance pays more than expected, any credits will be refunded to the person who signed as the responsible party.

I understand the contents of this dental benefit agreement, and I consent to honor them. Furthermore, I understand that your office can only estimate my dental benefit, and I will take responsibility for any balance on my account. I authorize this office to file claims on my behalf. I give permission for benefits to be paid directly to Dr. Brink.

Signed _____ Date _____
Responsible Party/Legal Guardian

Responsible Party Policy

The parent or guardian who brings the child to our office and signs the paperwork will be responsible for the payments. All statements will be sent to this individual. *We will not bill a third party other than an insurance company*, although we will gladly print receipts of services and payments. If you have any concerns regarding procedures or the financial portion of any treatment plan, please discuss these issues with our treatment coordinator prior to starting treatment.

Signed _____ Date _____
Responsible Party/Legal Guardian