

## Dental Insurance Information and Consent

To understand your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We provide care for patients with many different insurance companies, each designed for budget compliance. Each plan is different in covered expenses, exclusions and pre-existing conditions. We encourage you to become the expert on your policy.

### **Our courtesy service to you includes:**

1. Electronic filing of your claim within 24 hours of your visit and requesting payment issued directly to our office. We will re-file your claim in 14 days and answer additional requests for information or documentation received by your insurance carrier.
2. We will obtain an outline of your benefits in order to provide you with an estimate for services that includes the calculation of your insurance benefits, personal costs and any other information pertinent to your policy.
3. We follow the ADA guidelines and CDT manual for coding when available. Not all services offered here are in the codebook and when necessary we utilize new codes to describe advanced services.

### **Your responsibility as the policy owner includes, but is not limited to:**

1. Payment of all fees due by you at the time we deliver treatment, according to your insurance policy estimates.
2. The insurance policy belongs to you, for your benefit. If we are unable to obtain payment for your treatment, then you are responsible and all fees are due within 30 days.
3. Insurance policies frequently have restrictions; some based on time, on frequency and others on age, even on different dental materials. We use very high quality materials that have a proven record of success in the dental field. In the event that your insurance policy downgrades a service that we provide, you agree to pay for the difference, which exists as a materials charge.
4. Should your insurance carrier change, please notify our office one week prior to your next appointment. This gives us time to make the necessary update in our system. If you fail to notify us, we may ask you to pay your balance in full pending the insurance verification and/or settlement, as well as reserve the right to charge a processing fee.
5. The information we are able to obtain about your policy is not a guarantee of payment.

Thank you for your cooperation in allowing us to continue to provide treatment for you, using your insurance company.

**I hereby authorize Dr. Frank A. Kruse, III, DDS and his authorized representative to release to my insurance company any pertinent information in the processing of my benefits and policy related to dental care and/or treatment according to my preferences within the HIPPA guidelines, and payments sent directly to my Provider.**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Responsible Party**