

North Road Family Dental

2175 North Road SW, Snellville, GA 30078 • Phone 770.972.2000 • Fax 770.979.5000

Dental Insurance Information

Policy Holder's Name _____ SS # _____ Birthdate _____

Policy Holder's Employer _____ Employer Phone _____

Insurance Company _____

Member ID # _____ Group # _____ Plan or Policy # _____

Insurance Co. Address _____ Insurance Co. Phone _____

Do you have dual coverage? Yes____ No____ If yes, please complete the following secondary insurance information:

Secondary Policy Holder's Name _____ SS # _____ Birthdate _____

Secondary Policy Holder's Employer _____ Employer Phone _____

Insurance Company _____ Group # _____ Plan or Policy # _____

Insurance Co. Address _____ Insurance Co. Phone _____

Office Policy on Dental Insurance

In order to accommodate the needs of our patients with insurance, we are willing to file insurance claims and accept payment from the insurance company. However, with the information available, we will estimate the amount insurance is expected to pay and ask that you pay the difference at the time services are rendered.

While we are pleased to be able to provide this service to you, it is *extremely difficult* for us to keep track of all the individual requirements of the many different plans. Each plan has limitations regarding covered procedures and when those services may be performed. Even within the same insurance company, the plans differ depending upon the type of contract your employer negotiated.

Unfortunately, if you do not inform us of any special requirements such as dental plan yearly maximums, waiting periods, payment limitations, payments to other offices or frequency of covered treatments, you may incur charges that will not be paid by your insurance. To control their costs, some procedures simply are not covered. Please remember, your diagnosis is based on your needs, not your coverage.

Occasionally, insurance companies do not accept our diagnosis on work performed. We will send x-rays and documentation explaining the treatment. If payment for the procedure is still denied, you will be responsible for the balance not covered by your insurance company.

In addition, most insurance companies should pay charges submitted within 30 days. In the event our charges are not paid within 60 days, we will bill you directly for those charges and allow you to work with your insurance company to get the reimbursement you need.

In the event that there is a balance after insurance payment, you are responsible for that balance.

COLLEGE STUDENTS must provide insurance company with a copy of their transcripts each quarter/semester. Please provide this information to your insurance company before we file dental claims.

I have read and understand the office policy stated above and agree to accept responsibility as described.

Print Patient Name _____ Date _____

Patient, Parent, Responsible Party Signature _____ Relationship to Patient _____