

# DENTAL INSURANCE AND FINANCIAL RESPONSIBILITY

Thank you for choosing Dino Kid's Dentistry for child's dental needs. We do our best to help you understand and estimate your insurance benefits. As a courtesy, our office will verify your insurance with your insurance carrier as long as you provide us with accurate insurance information before your child's appointment. In addition, we will file your child's dental claim with your insurance carrier. Due to the thousands of insurance plans, we ask that you know your benefits, as it would be impossible for us to know them all. Each insurance plan is unique in what services they cover. Please be aware that your dental insurance plan is a contract between you, your employer, and the insurance company. It is your responsibility to know the benefits, limitations and exclusions of your dental plan. If you are unhappy with your insurance coverage, please contact your Human Resources Department.

Only your employer can adjust benefits or change policies. We are not responsible, nor can we guarantee, how your insurance carrier will pay on a claim. Unpaid insurance balances are your responsibility. Please note that treatment plans can change during the course of treatment since conditions can worsen or improve. This may change your financial responsibility in either direction.

I understand that any insurance estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that I am responsible for all charges incurred for dentistry performed upon my dependents in this dental office and that it is my responsibility to notify the office of any changes in my insurance. There is an 18% finance charge applied for all balances over 60 days, and a \$50 fee for returned checks.

Please note each plan has certain rules our office must follow. We can not forgive deductibles or co-insurance obligations or we would be in breach of your contract. Please do not ask our staff to back date or change dates as it is illegal.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

10.14.2019

