**HOW YOUR INSURANCE PLAN AND MEALS FAMILY DENTISTRY WORK TOGETHER**

***Our goal at Meals Family Dentistry is to give you the best dental care and help you minimize your out of pocket expense. One component of this is helping you maximum the use of your insurance benefits. Please ask us any questions after you read the information below.***

Commonly asked questions:

DO YOU ACCEPT MY INSURANCE? Meals Family Dentistry is an in-network provider with several insurance plans. Please ask about our specific plan. With all insurance plans we are happy to file your claim for you and will accept the assignment of benefits if your plan allows. Accepting assignment of benefits does not mean that we accept whatever the insurance company pays as full payment. Most insurance plans require the patient to pay a deductible, and a portion of the bill.

HOW MUCH WILL MY DENTAL INSURANCE PAY? Once we have the opportunity to verify your dental insurance coverage and obtain a breakdown of benefits, we are able to estimate your payment portion based on the information we receive, but it is **ONLY AN ESTIMATE**. It is impossible for us to give you a guarantee of what the insurance company will pay at the time of service. If we are unable to verify your insurance coverage, you are responsible for payment in full of all fees associated with your treatment at each visit.

INSURANCE DIDN’T PAY, NOW WHAT? Ultimately, you are responsible for all charges incurred in our office. We file your insurance claim as a courtesy to you. It is important that you recognize the insurance you have is a legal contract between YOU and YOUR insurance company. Our office is not, and cannot be a part of that legal contract. If your insurance company does not pay a claim within 60 days, Meals Family Dentistry reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. Additionally, dental insurance is designed to defray the cost of your dental treatment. It is not intended as a total payment for services and should not be used to determine the type or amount of treatment you receive.

I THOUGHT I PAID MY PORTION, BUT I STILL OWE MORE, WHY? We base your **ESTIMATED** out of pocket expense on the benefit verification information we receive from your insurance company, but there are many factors that can affect this estimate. There may be an annual deductible that must be met (individual or family), or you may have received treatment in another office prior to visiting Meals Family Dentistry. You might need to see a specialist for care, which may use a portion or all of your annual maximum dental benefits. Insurance companies do not (and cannot in most cases) notify Meals Family Dentistry of changes to your benefits, they only notify you. If any of these situations apply to you, please let us know as soon as possible.

WHAT IS UCR? UCR stands for Usual, Customary and Reasonable. It is a term created by the insurance companies to define what they are willing to pay for a particular procedure. It is our experience that these amounts can be substantially lower than the actual fees dentists charge.

ASSIGNMENT OF BENEFITS

I authorize my insurance company to pay Meals Family Dentistry all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance claim submissions.

I authorize Meals Family Dentistry to release all information necessary to secure payment of insurance benefits.

I understand that I am financially responsible for all fees regardless of whether or not they are covered by insurance.

**Meals Family Dentistry will do everything possible to assist you in filing claims & following up on claims so that you maximize your benefits.**

I have read, understand and accept the terms of the above outlined policies for insurance handling and financial commitments that I may incur as a result of treatment at Meals Family Dentistry.

Patient/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_