

Insurance Disclaimer

Please note, this office not participate with any DMO/HMO/PPO insurance plans, pre-pay plans, Medicaid/care or discount plans.

Our goal is to provide you the best quality dental care possible that is in your best interests and not provide alternative treatments based on what your insurance plan may say is best for you. As a courtesy, we will be happy to submit your dental insurance claim on your behalf. When we call on your insurance to verify benefits, it is not a guarantee of payment by the insurance company and may vary according to your individual plan when the actual claim is submitted. Please also keep in mind that it is not uncommon for insurance companies to claim that a procedure is covered at time of pre-determination, to later deny that claim when submitted.

Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance company. Regardless of coverage, your portion of payment is due in full on the day of treatment. If your insurance plan does not pay within 120 days of treatment, you must pay any outstanding balance and seek reimbursement from your insurance carrier. If your dental play pays more than expected, you will receive a refund check.

Dental insurance plans are not designed to cover all of your dental needs.

I, _____, have chosen to allow Integrated Dental Care, LLC to file my insurance claim and accept full responsibility for this account or all dentistry performed upon myself and my family in this dental office. I understand that it is my responsibility to be ware of the type of dental plan I have. I also understand that this office cannot guarantee my insurance company will cover all services rendered. I further understand that if my insurance company does not pay within 120 days of my date of service, then I will be responsible to pay the balanced owed on my account.

Patient Signature: _____

Date: _____

Patient Name: _____