



INSURANCE GUIDELINES

While we accept all dental insurance plans, we are only considered in-network with **Dental Care Plus, Delta Dental Premiere, Delta Dental PPO, Superior Dental and Guardian**. Being out-of-network does not always mean you do not have benefits. We ask that you contact your insurance company to see what your out-of-network benefits are. We strive to help you make optimal use of your dental insurance, and, as a courtesy to our patients, we are happy to file all your dental claims.

Your insurance is a contract between **you, your employer and your insurance company**. With the complexity of insurance policies and the constant changes made by insurers and employers, keeping up to date is challenging. Neither employers nor insurance companies notify us of any changes. Insurance companies have decided that **it is the member's responsibility to know their insurance limitations**.

Please make sure that you have given us accurate insurance information at least 2 days prior to your child's appointment. If we do not have your current information, the claim will be rejected, and unfortunately, **you are responsible for the balance**.

There will be a **\$10.00 fee per patient for insurance claims that have to be resubmitted for lack of, or incorrect information**. It is lengthy and costly for our office to reprocess rejected claims due to not having the correct insurance information. Insurance companies are very reluctant to speak with us directly regarding your individual plan. However, it is their job to answer all your questions by calling the toll free number provided on your insurance card or website. (Upon request, we are happy to send a pre-determination when treatment is proposed to better estimate coverage.)

Questions you should ask your insurance:

1. If I am out-of-network, what is my benefit level?
2. What services are covered?
3. Do I have a co-pay or deductible?
4. Is fluoride covered 2 times per year?
5. Has the insurance carrier, group number, or their address changed?

Not only do all the insurance companies differ in requirements and coverage, but their policies and procedures constantly change. While our office strives to keep up to date, the ultimate responsibility of knowing the current benefits remains with you. Thank you for helping ensure that we maximize your benefits!

I have read and understand the Insurance Guidelines for Union Pediatric Dentistry.

Parent/Guardian Signature _____ Date: _____

Patient(s) Name (Please Print) _____