

**SUSANNA N. ZILBERMAN, D.D.S.**

**DENTAL INSURANCE**

Dental insurance is rapidly playing a larger role in determining the type and quality of a patient's dental care. We strongly believe our patients deserve the highest quality dental care we are able provide, and would like to share with you some interesting facts about dental insurance.

**1. COINSURANCE AND DEDUCTIBLES**

Estimated coinsurance and deductibles are due at every visit. If I have a deductible to meet, I will pay my estimated portion plus the deductible. I understand that the benefits available are conditional on the patient's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. The benefits quoted are not a guarantee of payment. Final determination to benefits payable will be made at the time the claim is submitted for payment. Benefits not paid by the insurance company are the responsibility of the patient.

(Initials \_\_\_\_\_)

**2. BALANCES**

After my insurance plan has processed the insurance claim, remaining balances are due immediately upon receipt of the bill from the office. If I disagree with the amounts due per the EOB, it is my responsibility to immediately contact my insurance plan for resolution of the problem. I understand that I may not withhold payment to Cosmetic Smiles pending resolution of insurance problems. If the insurance corrects the problem, I understand my account will be credited or I will be refunded any overpaid amounts.

(Initials \_\_\_\_\_)

**3. NEW INSURANCE INFORMATION**

New insurance information must be provided at the first visit after the change. I agree to provide this information before I am seen. Failure to provide correct insurance information may result in the entire bill being my own responsibility.

(Initials \_\_\_\_\_)

**4. INSURANCE REQUESTS FOR ADDITIONAL INFORMATION**

I understand that insurance requests for additional information necessary to process claims must be responded to immediately. These include requests to verify other insurance coverage, full-time student status, etc. Failure to provide this information in a timely manner may result in the entire bill being my own responsibility.

(Initials \_\_\_\_\_)

**5. BILLING**

Bills are sent out at the beginning of every month and as needed throughout the month. I will remit payment for or contact the office to pay by credit card any balances due immediately upon receipt of a bill. I agree to contact the office immediately if I have questions regarding a bill I receive.

(Initials \_\_\_\_\_)