

Insurance

It is the responsibility of the cardholder/patient to know what his or her eligibility and coverage is with their current insurance plan. If this is unknown, the patient should verify coverage limitation prior to the appointment date. You agree to pay any portion not covered by your insurance including your deductible, co-payments and any services your insurance company determines to be "not covered" by your plan.

Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of claims. To avoid misunderstandings, we wish our patients to know that all professional services are charged directly to patients. I agree to be responsible for all charges for all dental services and materials not paid by my benefit plan, unless my dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charge. For those patients covered by insurance, we will accept assignment of benefits. Most policies DO NOT cover 100% of the cost of your treatment. Because of this and the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of your charges the day the service is rendered . We will estimate, as closely as possible, your coverage, but until we actually receive the payment from the insurance company, it is just an **ESTIMATE**. We will assist you in dealing with the insurance company, but ultimately the responsibility lies with you. If, after 60 days, the insurance company hasn't paid, the balance will be due, in full, by you.

I understand by means of this policy that I was informed prior to receiving treatment that my insurance may not be liable for services rendered if any of the following conditions may apply:

- * I may have an un-met deductible under my dental plan
- * Services may not be covered under my dental plan
- * Weaver Dental Care may be out of network with my dental plan
- * I may have a missing tooth clause

Secondary Insurance: We will file secondary insurance but the above statement applies.

Assignment of Benefits: I hereby authorize payment of any of my dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

Dave Philbrick, DMD, FAGD dba Weaver Dental Care

HIPPA: I hereby state that I have been offered a copy of the HIPPA policy.

Signature: _____ Date: _____
(patient, parent or guardian, if a minor)