

## **INSURANCE AGREEMENT**

Family Dental Center will assist with questions you may have about your insurance. It is your responsibility, however, to know the benefits of your plan, such as deductibles, maximums, limitations, exclusions, waiting periods, effective dates, and termination dates.

Family Dental Center files insurance as a courtesy to the patient, so you may not incur a large out of pocket expense. We allow a maximum of 90 days for insurance carriers to provide us with payment. After 90 days, payment is due in full by you. Balances over 90 days old may be subjected to additional collection fees and/or charges.

Any deductibles and estimated co-payments are due upon the day of treatment. Once insurance pays, if there is a remaining balance, that balance is due upon the receipt of insurance payment. If your insurance is based on a fee schedule instead of a percentage plan, and you have major work (crowns, bridges, partials, dentures, etc.) done, you will be responsible for 50% of that procedure on the day of treatment.

Please realize that:

1. Your dental insurance is a contract between you, your employer, and the insurance carrier. We are not a party to that contract unless we are a participating provider. It is your responsibility to know the PPO providers under your contract.
2. Not all services are a covered benefit with the insurance contract. Some only cover an alternate treatment if one exists. That is between you and the insurance carrier.
3. As providers for your dental care our relationship is with you, not the insurance carrier, but the ultimate payment responsibility is yours. Any insurance benefits quoted by the staff of Family Dental Center are only estimated and can only be based upon the information given to us from the Insurance Company. Therefore, you will be billed for any differences.

**I HAVE READ AND UNDERSTAND THE ABOVE INSURANCE AGREEMENT.  
I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES NOT COVERED  
WITH MY INSURANCE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_