

MORESMILES DENTAL

ARYN PITTMAN, DDS

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INFORMATION FOR PATIENTS WITH DENTAL INSURANCE

If you have dental insurance, we will assist you in every way possible to maximize your dental insurance benefits including filling out and filing the forms at no charge. Of course it is your responsibility to deal with your insurance company and your employer regarding premiums and coverage.

While helping you take maximum advantage of insurance reimbursement, we feel it is our responsibility to make recommendations for what we feel is the best treatment for you without feeling limited to the amount your dental insurance pays.

Here is some information about the dental insurance system that will help to explain why what is best for you may not always be the same as what your insurance will pay:

FACT #1: Dental insurance differs in some ways from regular health insurance that covers physician and hospital costs. Not everyone gets ill but nearly everybody has some dental costs. The amount of money available to pay dental insurance costs is equal to the amount contributed by employees and employers minus costs of operating the insurance company and a normal company profit. So the lower your premiums for the insurance the less money there is available to pay claims.

FACT #2: To protect themselves, insurance companies usually make up a schedule of what they view as "usual and customary fees." It is our experience in dealing with over 1,000 dental insurance plans that some schedules actually only cover 40 to 50% of customary fees. Others may cover up to 80% with certain deductibles, maximums and exclusions. .Rarely does insurance cover 100%.

FACT #3: Since insurance companies are in business to sell insurance and make a profit, it is natural that they may try to shift the blame for their lack of coverage onto the dentist and his fee schedule rather than admitting their coverage is less than customary.

It is very appropriate for you to call your insurance carrier and ask any questions regarding the details of the insurance plan they are operating in your behalf.

We will do our very best to make as close a calculation as possible of what your insurance plan will pay so you will know in advance approximately how much additional you may need to pay over and above what your insurance will cover.

We want you to be comfortable in dealing with these matters and urge you to ask us if you have any questions regarding our services and fees.

I authorize the release of all necessary information to my insurance company.

I authorize payment of benefits directly to the provider.

I have read this form and agree to be financially responsible for all fees regardless of insurance coverage.

Signature _____ Date _____

Office signature _____ Date _____

MORESMILES DENTAL
FINANCIAL POLICY

We ask that all responsible parties read and sign our Financial Policy as well as complete the Patient Information Forms prior to seeing the dentist.

Thank you for choosing MORESMILES DENTAL as your dental provider. In our ongoing process to make sure that all your dental needs are met, our billing department will be available to discuss our fees and this policy with you. **You are required to pay your estimated portion upfront, and ultimately responsible for the entire bill.** We accept cash, check, Visa, MasterCard, Discover, and American Express, as well as offering Care Credit Finance to those who qualify. As a courtesy to you, it is the policy of our office to bill your insurance carrier. As the Responsible Party, **please read and initial each item,** and sign the bottom of this document declaring that you understand the following:

PLEASE INITIAL IF YOU UNDERSTAND AND AGREE:

- _____1. *It is MORESMILES DENTAL policy that I provide my social security number and driver's license (or other government issued picture I.D.) at my first appointment.*
- _____2. **Fees for service, which include deductibles and estimated co-payments, are due at the time of service.** *If I fail to make any of the payments regarding unpaid balances for which I am responsible in a timely manner, or a check is returned, these may be subject to interest charged a rate of 18% APR on unpaid balances over 30 days. I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.*
- _____3. **(INSURANCE)** *My insurance policy is a contract between me and the insurance company. MORESMILES DENTAL is not a party to that contract. I am responsible for knowing my own insurance benefits, regardless of the information provided by anyone else. MORESMILES DENTAL will not become involved in disputes between me and my insurer regarding deductibles, co-payments, covered charges, secondary insurance, and "usual and customary" charges. MORESMILES DENTAL will only supply factual information to facilitate claim processing.*
- _____4. **All charges are my responsibility whether my insurance company pays or does not pay. If my insurance carrier does not remit payment within thirtyone days, and the claim cannot be resolved, the balance will be due in full by me.** *If any insurance payment is made directly to me for services billed by Dr. Pittman, I recognize an obligation to promptly remit payment to MORESMILES DENTAL for that amount.*
- _____5. *If I fail to keep an appointment, or cancel without proper notice of 24 hours (unless an emergency arises); I am responsible to MORESMILES DENTAL for a cancellation fee of \$50.00 for the first missed appointment, and double that amount for any repeated missed appointments. I understand that Dr. Pittman has the right to dismiss me as a patient if repeated appointments are missed without proper notice given.*
- We understand that financial problems may affect timely payment from time to time, so we encourage you to communicate any such problems to us *immediately*, so that we may assist you in keeping your account in good standing. If you have any questions, please call (361)643-7811.

I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR MY ACCOUNT.

Printed name of Responsible Party _____

Signature of Responsible Party

Date