

OUR POLICY ON DENTAL INSURANCE

If you have dental insurance, we will file the claim for you. For us to do this, it will be necessary for you to direct the insurance company to pay its share of the cost to Dr. Taylor. This is called “assigning the benefits” and requires a signature from you in this office. In this case, you will pay an “**estimated**” co-payment at the time of service.

Our “**estimates**” are only a statement about how we expect your insurance would handle the charges for the service rendered. We do not have the ability nor the obligation to accurately interpret your policy or accurately predict the actions of your insurance company. Ultimately, **you are responsible for dealing with your insurance company and for knowing what they cover and where you stand in relation to the maximums they set.** We recommend that you make a phone call to the company and confirm all information with them.

We will help you get a prompt response to the claim by making a follow-up call to the insurance company to confirm that the claim has been received accurately. If the insurance company indicates that they will refuse payment on a treatment, or if for any reason we do not receive a prompt response from your insurance company, we will notify you. **It is your responsibility to communicate with the insurance company to resolve any issues.** Even if issues and payment by the insurance company may be pending, **at any time** we may require that you go ahead and pay the total balance to Dr. Taylor.

Your insurance policy is a contract between you and the insurance company. **Disputes that you may have concerning insurance payments must be handled by you and directed to the insurance company.** Dr. Taylor has no responsibility in resolving issues between you and your insurance company.

You, not the insurance company, are responsible to Dr. Taylor for all the costs of your treatments. The recommended treatments are what Dr. Taylor considers in the best interest of your oral health, and these recommended treatments are not changed to coincide with restrictions of your insurance policy.

ASSIGNMENT OF BENEFITS

I REQUEST THAT DR. TAYLOR FILE THE INSURANCE CLAIMS FOR TREATMENTS RECEIVED. I HEREBY ASSIGN MY BENEFITS TO HER AND AUTHORIZE PAYMENT FOR SERVICES DIRECTLY TO HER.

(SIGNATURE)

(DATE)