

For Our Patients with Dental Insurance

Dental Health Center of Holmdel is happy to cooperate with patients who are covered by dental insurance. We only ask that you understand your policy to be sure that you are fully aware of any limitations of the benefits provided.

All Insurance Coverage is Not the Same

The fees for services rendered to patients who are insured are our usual and customary fees charged to all our patients for similar services. You should be aware that different insurance companies vary greatly in the types of coverage available. In our opinion, it is not realistic to expect any insurance carrier to cover all services, regardless of the premium the patient may be paying. It is important for you to understand that every insurance carrier offers many different policies, each with varying contractual limitations, exclusions, approved amounts, processing policies and fee schedules. You also must understand that we are not a party to the selection of your insurance carrier or the type of dental plan that may be offered. The contractual relationship is between the insurance carrier and your employer. Some employers offer their employees very generous policies with substantial benefits while others offer very limited policies that cover only the most basic of services that may be further limited by a set fee schedule.

Since we have no say in the selection of your insurance company, we ask that you look upon your insurance company realistically as a device that reimburses you for dental services.

We are Happy to Assist You

As a courtesy service, we will gladly complete all forms pertaining to your claims and send them promptly to your insurance company. We will also be happy to request a predetermination of benefits from your insurance company to let you know what your insurance reimbursement/estimate will be before care is initiated.

This is not a guarantee of payment. This often involves detailed paperwork, writing letters to insurance consultants and making long distance telephone calls. We are happy to do this because we realize how important it is to you.

Please feel free to ask questions. Ours is an office and practice that has been built on education, communication, honesty and sincerity.

Thank you.

Please Print

Please Circle: Dr. Ms. Mr. Mrs.

Referred by _____

Last Name _____

First Name _____ MI _____

Street Address _____

City/State: _____ Zip: _____

Home Phone _____

Work Phone _____

Cell# _____

Fax _____

E Mail _____

Date of Birth _____

Social Security # _____

Dental Insurance _____

Address for Claims _____

Employer's Name _____

Group # _____

Person Responsible for Payment

(If other than patient)

Please Circle: Dr. Ms. Mr. Mrs.

Last Name _____

First Name _____ MI _____

Street Address _____

City/State: _____ Zip: _____

Date of Birth _____

Social Security # _____

Dental Insurance _____

Address for Claims _____

Employer's Name _____

Group # _____

Notify in Case of Emergency

(Someone who does not live with you)

Last Name _____

First Name _____ MI _____

Home Phone _____

Work Phone _____

Cell# _____

Relationship to Patient _____

Acknowledgement

Privacy Notice

I acknowledge that I have been given an opportunity to read and ask questions about the Privacy Notice of the office of Dental Health Center of Holmdel.

Office Procedures

Appointments: Once an appointment is scheduled, please remember that the time has been reserved for you. Kindly give at least 24 hours notice if an appointment has to be rescheduled.

Dental Images: I understand that any photographs, slides and/or video pictures taken of me may be used for educational purposes.

Insurance: To avoid any misunderstanding regarding dental insurance, we want you to know that all professional services rendered are assigned to the office as long as there are benefits outside of any dental network. Patients are responsible for any unpaid balance of the fee not covered by your plan. Your benefits are contracted between your employer and insurance company. We do not render our services on the basis that insurance companies will pay all our fees.

Fees

Due to the increased cost of mailing statements and in trying to keep our fees as low as possible, we expect our patients to pay for services at the time they are received. Accounts not paid within 30 days may be subject to an interest charge of 1.5% (annual rate of 18%) unless other arrangements are made with our office.

Patient Signature _____

Date _____

(Parent if patient is a minor)