

Insurance Disclaimer

(Please read carefully)

ONLY FOR PATIENTS FILING DENTAL INSURANCE

Please note we do not accept nor participate with any DMO/HMO insurance plans, prepay plans, or Medicaid.

Our goal is to help you maximize your dental insurance benefits. As a courtesy, we are happy to bill your dental plan for services. When we call on your insurance and verify benefits it is not a guarantee of payment by the insurance company and may vary according to your individual plan when the actual claim is submitted.

Estimates proposed at our office are only an estimate of what your insurance coverage will be. Estimates are not a guarantee. If you need exact payment of benefits, then a pre-determination is required. If you would like this done, you must specify this with the front desk staff before any work is initiated. **(This may take up to 8 weeks)**. _____ (Initial)

Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance company. Regardless of coverage, your estimated co-payment is due in full the day of treatment. If your insurance plan does not pay within **120 days** of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. If your dental plan pays more than expected, you will receive a refund check. Also remember dental insurance plans may not cover all of your dental needs.

I, _____, have chosen to allow **Endodontics of the Ozarks** to file my insurance and accept full responsibility for this account and for all dentistry performed upon my family in this dental office. I understand it is my responsibility to be aware of what type of dental plan I have. I also understand this office cannot guarantee my insurance company will cover all services rendered and it is only an estimate of benefits. I also understand that if my insurance company does not pay within **120 days** of my date of service then I will become responsible to pay at that time.

Print Name: _____ Date: _____

Patient Signature: _____