

For Insurance Patients

Name of Insured: _____
Date of Birth: _____
SS# or ID # of Insured: _____
Name of Insurance Company: _____
Name of Policy Holder: _____
Date of Birth: _____
SS# or ID # of Policy Holder: _____
Group #: _____
Name of Employer or Group: _____

If you are one of the lucky 50% of the population who has dental insurance, you are fortunate that you have some assistance for your dental care costs. Most patients don't understand their dental insurance plan. Here is some information to help you understand how dental insurance works.

A dental benefit plan is a contract between your employer, or plan sponsor, and a third party (insurance company). There are many ways in which dental plans are designed and how reimbursement levels are determined. Different plans have different rates of reimbursement. Your plan is designed to share in your dental care costs. It usually will not cover the total cost of your dental care.

Most plans offer reimbursement for preventive treatment. The reimbursement rates for any specific treatments are determined by your insurance company and are usually not sufficient to cover the entire cost of any treatment. Most patients will have deductibles which are determined by your employer or plan. We have no ability to make your insurance pay a specific portion or set reimbursement amounts.

The filing of insurance benefits by our office is a courtesy to our patients. Our office will work with you to make the most of your dental insurance plan. However, the entire amount of the cost of

your dental treatment is your responsibility. We cannot guarantee that your insurance will pay any amount toward your treatment. At no time are any of the quotes given by our staff for insurance estimating guaranteed. Many insurance companies refuse to give us information due to privacy laws. You have the right at any time to call your insurance company to verify your own benefit levels, reimbursement rates, and dispute unpaid claims.

ASSIGNMENT OF BENEFITS

I authorize any provider, insurer, or other organization to release any information regarding the dental history, treatment, or benefits payable for insurance claims to the plan administration or its authorized agent for the purpose of determining benefits payable. I also authorize payment be directly made to Stephanie Mapp, D.M.D., P.A. for any treatment completed in this office. I also understand that all fees and insurance quotes are estimates and I am responsible for all treatment charges not paid by my insurance company. If treatment fees submitted to my insurance company are not paid for any reason, I will be billed for the entire amount not covered.

Estimates given in this office are simply guidelines and are based on previous information collected from insurance payments in this office.

Any claim not paid within 60 days from the date of service will become my responsibility.

Signed: _____ Date: _____



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