The Center for Aesthetic & Implant Dentistry

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Confidential Patient Information

(Please Print Legibly)

Date: _____

Personal Information

Name:_____ SSN: _____

Address: _____

City:_____ State: _____ Zip: _____

Telephone: (Home)_____ (Work)_____ (Mobile) _____

Email:_____ Date of Birth: _____ Sex: M F

Marital Status: _____ Spouse Name: _____

Employer: _____ Referred By: _____

Person Responsible for Account

Name: _____ Relationship: _____ SSN: _____

Address: _____Date of Birth:_____

City:_____ State: _____ Zip: _____

Dental Insurance Information

Primary Insurance Company:_____

Insurance Company Address:_____

Policy Holder: _____ Relationship: _____ SSN: _____

Employer: _____ Policy Number: _____

Secondary Insurance Company:_____

Insurance Company Address:_____

Policy Holder: _____ Relationship: _____ SSN:_____

Employer: _____ Policy Number: _____

I understand that payment is my obligation regardless of insurance or any other third party involvement.

Signature: _____ Date:_____

INFORMATION FOR OUR PATIENTS WITH DENTAL INSURANCE

Dental insurance is playing a larger and larger role in helping people obtain dental treatment. Since we feel strongly that our patients deserve the best dental care we can provide, and in effort to maintain a high quality of care, we would like to share some facts about dental insurance with you.

We consider our relationship with you to be of primary importance and will always make our recommendations to you based on what we believe is the very best treatment for your regardless of your insurance coverage. As the patient, it is your responsibility to deal with your insurance company and your employer. We will assist in any way possible to maximize your dental insurance benefits, but to reemphasize. We have no relationship or responsibility to your insurance company.

FACT #1: Dental insurance is not meant to be "PAY-ALL," it is only meant to be an aid

FACT #2: Many plans tell their insured that they will be covered "up to 80%" or "up to 100%." In spite of what you are told, we have found many plans cover 40% to 50% of an average fee. Some plans pay more...some pay less. The amount your plan pays is determined by the contribution you and your employer make to your dental plan. The smaller the contribution paid into the plan for "insurance" the less you will receive. It is your responsibility to advise us of your insurance coverage restrictions.

FACT #3: **I**t has been the experience of many dentists that some insurance companies tell their customers that "fees are above the usual and customary fees" rather than saying to them that "our benefits are low." Remember, you get back only what you and your employer put into your insurance coverage less the profits of the insurance company. In dealing with over 1,000 dental insurance plans, most plans do cover our fee.

FACT #4: Each plan utilized in our office has different percentages, deductibles, maximums, procedures covered and varying fees that the plan will allow. We will do our very best to make as close a calculation as possible of what your insurance plan will cover. However, we cannot estimate precisely. There may be variances for what the patient is individually responsible.

FACT #5: Insurance carriers do NOT cover many routine dental services. We make our recommendations based on your needs and not on what your insurance may or may not cover.

Please do not hesitate to ask us any questions about our office policies. We want you to be comfortable in dealing with these matters and we urge you to consult us if you have any questions regarding our services and/or fees. We will fill our and file insurance forms at no charge. We will do all we can to assure you of your maximum benefits.

If you have any questions regarding your insurance, please contact your insurance carrier regarding the specifics and details of the plan they are operating on your behalf.

- ☐ I authorize the release of all necessary information
- ☐ 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: _____