



### Insurance Policy

*Dental insurance is intended to make dentistry affordable; it was never intended to cover everything...*

As a courtesy Clayburn Dental will do a complimentary insurance benefit check for our patients.

However, ultimately it is the patient's responsibility for detailed information and or all the account balances incurred from services rendered.

We try our very best to gain as much information as possible from insurance carriers. However, it is becoming increasingly difficult to gain information about hidden clauses, frequencies, and limitations due to privacy policies and that we are considered a 3<sup>rd</sup> party when it comes to your individual insurance plan (s).

Clayburn Dental does not bill services according to patient's supported benefits, we bill according to services required on an individual as-needed-basis. If in doubt of insurance support, we send for predeterminations. **HOWEVER**, even when we receive approval for a service, in-between the time we bill and receive payment the insurance carrier could change a policy without notice rendering the approval invalid.

When changes in policies, carriers, and termination of plans occur insurance companies **DO NOT INFORM DENTAL OFFICES**. It is the patient's responsibility to know and advise us when these changes occur and again are ultimately responsible for any balance that are incurred from services rendered, as a result of the above.

Even-though we have extensive knowledge with insurance carriers it is your benefit to **READ** your employee handbook and understand your covered services. Ultimately, it's a contract between you and your employer. We encourage you to talk to your insurance carrier regarding the coverage details of your plan. This will avoid any disappointment regarding changes and/or the decline in payment of services.

In some cases, insurance carriers only correspond with their members: in this case you need to inform Clayburn Dental so that we can assist you in understanding these correspondences.

As a patient of Clayburn Dental, I have read and understand the above insurance policy. Any treatment that my insurance does not pay or exceeds the limits of my plan will be my responsibility and billed directly to me

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

Treatment Coordinator Signature: \_\_\_\_\_