

Insurance Agreement 2

To Our Valued Patient:

We have prepared this document for you to help you to better understand the complexities of dental insurance; we understand how extremely confusing it can be. To begin, we would like to highlight a MISCONCEPTION: dental insurance was not designed to pay for all dental care. Most contracts have limits and/or various degrees of copayment. This does not mean that recommended treatment is always considered a “covered service.” Your level of coverage is dictated by the plan that your employer has selected for you and does NOT represent the treatment interests that may be deemed best for your unique, individual needs.

All levels of payment by insurance companies, including allowed fees, usual and customary rates (UCR), are governed by the premiums that are paid to the insurance companies. These managed fees have no consideration to the actual charges or necessary treatment. Our fees are based upon a combination of our costs, our time, and our constant dedication to providing our patients with the highest quality of dental care available. The treatment that is recommended by our office is never based on what your insurance company will pay. Your health and treatment should never be governed by an insurance contract.

It should also be understood that the dental insurance contract is between the patient and the insurance company. Our staff will make every effort to verify your insurance benefits before your appointment for dental treatment. Please keep in mind, the amount the insurance company states they will compensate is only an estimate. This estimate does not guarantee payment by your insurance company. If your anticipated benefit cannot be verified prior to your appointment for treatment, you will be responsible for payment in full of routine care. For major services, you will be responsible for payment of one half of the total anticipated cost on the day of treatment. The remaining one half will be due upon delivery of completed dental services. Our office will continue to attempt to confirm you benefits and submit claim forms on your behalf. Should you have any questions at any time regarding your benefits, you may contact your dental care provider directly.

Please note, we take sincere and heartfelt pride in delivering the best possible dental treatment available. This means that we are committed to continually updating our office with technology and education that ultimately results state of the art dental care for you our valued patient. We hope that you understand our stance on our continual evolution in delivering superior dental treatment.

If you have questions, or are unsure of your specific benefits, we encourage you to ask us. Please understand that specific answers may not be able to be addressed immediately and that your insurance provider holds the final answers in any insurance related issue.

Committed to providing the best oral care for you,
Dr. Gruendel & Associates

By signing this document, I confirm that I have read and understand its contents and agree to the policies as described above.

Signature _____ Date _____

Typing your name here constitutes a legal signature