

Understanding Your Dental Benefits

Dental benefits have become an integral part of health care planning for many families. As the number of patients covered by dental plans has increased, certain assumptions have become evident. I would like to make the principles of my practice, as well as the types of service and care I provide my patients, very clear:

- Our fees are based on the overhead involved in the practice, the treatment plan selected, and the time it takes to provide you with the necessary dental care.
- The type of treatment you need and receive is based on my professional judgment and not on whether you are covered by a dental benefits plan. I am more than happy to discuss a treatment plan's advantages and disadvantages with you in order to accommodate you, not an insurance company, in the health care decision-making process.
- If treatment is recommended, our office will complete and present a treatment plan to you showing what treatment is recommended, the order in which the treatment is recommended to be rendered, the fees our office charges for the services needed, and an estimation of what your dental plan may cover. **This is only an estimation of your dental benefits.**
- The amount estimated to be your "out of pocket" on the treatment plan will be due when services are rendered.
- As a courtesy to you, our office will complete the dental claim form and send it to your insurance company.
- Your dental plan holds the right to deny or pay a different fee amount for services rendered. This may result in a further payment due to our office. **This balance is YOUR responsibility.**
- Pre-authorizations can be sent for the insurance company to review. However, please remember that the financial obligation for dental treatment is yours.
- If you believe that the dental benefits provided by your plan are inadequate, you may want to discuss the matter with your employer, union, or association, so that appropriate alternatives can be investigated.

No question is too small for you to ask, whether it is about your treatment, benefit plan, or statement. Stop in or call us at (937) 738-7610 any time you have a question. We are here to help you and provide you with the best dental care possible!

Initial _____ **I have read and understand the above information. I have been given a chance to ask any questions regarding my individual insurance policy.**

Initial _____ **By signing below I agree that any balance due after insurance payment is my responsibility and not that of Cromwell Dental Care.**

Printed Name: _____

Signed Name: _____

Account Credits

If in the event that I acquire a credit on my account after insurance payment I give Cromwell Dental Care permission to refund this credit. Credits will be disbursed 90 days after insurance payment if treatment is not scheduled.

The credit will be sent in the form of a check to the address on file.

Signed Name: _____