

Important dental insurance information for our patients

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific coverage which fits the company budget. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy exclusions, deductibles, and required co-payments.

Our courtesy service to you includes:

1. Filing your insurance within 24 hours of your visit and requesting payment of your benefit to our office.
2. Electronically filing your insurance for short turnaround.
3. Researching your dental insurance plan to advise you of benefits available to you.
4. Re-filing your insurance a second time within 45 days.
5. Following the American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as the owner of the policy:

1. We want you to be comfortable with our team. If you ever have any questions about your dental treatment, financial or insurance questions, or any concerns at all, we ask that you notify us as soon as possible. We will be glad to clarify any uncertainties that may arise.
2. Your portion of your treatment is expected at the time of your services. For your convenience we do accept many forms of payment including cash, check, Visa, MasterCard, American Express, and we offer third party financing, which includes both interest free programs and extended financing.
3. Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
4. Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on plan. All restrictions are based on the premium paid for insurance not our fees or recommended treatment.
5. Taking responsibility for payment if the insurance company does not pay our office within 60 days.
6. Keeping our office informed of any changes in your insurance coverage or employment.

I hereby authorize Broberg & Tieken Dental, to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Broberg & Tieken Dental. I understand I am responsible for any unpaid balance.

Signature of Patient/Insured

Date _____