FACTS YOU SHOULD KNOW
ABOUT DENTAL INSURANCE

Dental Insurance is rapidly playing a large role in helping people obtain dental treatment. Since we STRONGLY feel our patients deserve the best possible dental care we can provide and in an effort to maintain the high quality of care, we would like to share some facts about dental insurance with you. Our office staff understands dental insurance and we will be glad to assist you in obtaining the maximum benefits specified in your dental insurance plan.

Fact #1: Your dental benefit program is contract between you, your employee, and the insurance company. WE ARE NOT PART OF THAT CONTRACT.

Fact #2: Dental insurance is NOT meant to be a PAY-ALL, only to be and aid.

Fact #3: Our fees are generally, but not necessary, covered in full by the maximum allowance. Determine by you carrier. Many plans tell their insured that they will be covered "up to 80% or up to 100%", but do not clearly specify the plans fee scheduled allowance, annual maximum or limitations. We have found that most plans cover about "35% to 50%" on major services (crowns, bridges, root canals) base on the plan's pre-established maximum fee allowance which varies from carrier to carrier.

Fact #4: It has been the experience of many Dentists that insurance companies occasionally tell their insured that "the fees charged were above usual and customary rate", rather than saying" their benefits are low."

Fact #5: Many routine dental services ARE NOT covered by insurance carries. For example: Nitrous Oxide (Laughing Gas)

Fact #6: You, the patient are ultimately responsible to us for ALL FEES for service rendered.

IF YOU FAIL TO GIVE OUR OFFICE AT LEAST 24 HOUR NOTICE OF CANCELLATION, YOU WILL BE CHARGED A BROKEN APPOINTMENT FEE OF $25.00. FULL PAMENT IS EXPECTED AT THE TIME OF YOUR VISIT.

If your insurance company has not paid on your claim within 30 Days of Services rendered then it is YOUR RESPONSIBILITY to check to see why the claim has not been paid and your balance is due in full. Our office stall will be glad to assist you in any way they can regarding your insurance claim payments.

Please do not hesitate to ask questions about our office policy. We want you be comfortable in dealing with these matters and we urge you to consult us regarding our services and /or fee. We are here to answer any questions you may have about your insurance or any dental treatments.

Patient’s name (please print)  Signature of patient, legal guardian or authorized signature  Date

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