

Coastal Dental Services <<<>>> Dentures & More

Southside Office

4402 OLD SALISBURY ROAD
JACKSONVILLE, FLORIDA 32216

Tele: (904) 296-7757 <<<>>> Fax: (904) 296-0147

www.FLDental.com

Confidential Personal Information and Medical & Dental History Form (Page 5 of 5)

Dental Insurance Policy

If you have dental insurance and wish for us to receive the insurance portion payment directly from your insurance company, we will need to establish definite coverage and limits from your insurance company for the policy your employer (or your spouse's employer) has set up for you. Sometimes this is possible via a telephone conversation, but frequently we will be required from your insurance company to establish the coverage by way of a "pre-determination" of benefits. This will be required in instances when either we are unable to establish coverage for one reason or another or when a specific insurance company requires it or will not provide information via a telephone conversation. If you cannot wait for this process (usually takes from 2 weeks up to 6 or 8 weeks depending on the speed of your insurance company) you may pay for the treatment services yourself and we will bill the insurance company for you and reimburse you for any payment the insurance company may provide under the terms of your policy.

In the event you request of us to receive payment directly from your insurance company, there is almost always a portion of the treatment cost that the patient will be required to pay in the form of:

- 1) a deductible (usually \$50.00 - \$150.00 each year), and
- 2) a co-payment (some services are reimbursed at 100%, others at 80%, and some at 50%).

We will establish this amount as accurately as possible but the ultimate authority of how much your insurance company will reimburse resides with the insurance company, not with this office. Hence the total we provide you is our "best estimate" only and this could vary either way.

Most Dental Insurance policies reimburse at either \$1,000.00 or \$1,500.00 per year. Any treatment rendered beyond that amount will be the responsibility of the patient. It is our experience that, in most cases, a patient can anticipate their insurance will reimburse between 40% - 60% of the treatment – this depends on the kind of treatment being rendered and the insurance policies factoring of fees depending on their internal analysis of fees – Insurance Companies refer to this as "Usual & Customary Fees" and this is a pretty subjective analysis by the Insurance Companies and, unfortunately, is usually slanted toward the best benefit of the Company, not the Insured

We will accept your estimated portion of the treatment upon starting the treatment, and we will then bill your insurance company on the day we complete your treatment. Then we will wait for up to 30 days for payment from your insurance company. In the event you insurance company either does not make payment, or their payment is less than we estimated, you will be expected to make up any deficiency in payment within 5 business days of our notification of any underpayment. If your insurance company pays more than expected (yes, this does occur occasionally) we will reimburse you by check and will mail it to you within 5 business days of our receipt of any overpayment.

Coastal Dental Services will work with your insurance provider in one of 3 ways:

Plan 1.

Our preferred policy **is to accept payment** from you at the time of service and submit your insurance claim to your insurance company for them to reimburse you. This plan will permit the quickest treatment and will minimize detailed entanglement with Insurance detail; and will also result in no delays of your treatment due to Insurance Company bureaucratic procedures.

Sometimes the insurance company will submit payment to us even though we show on the claim form that you have already paid us and that their payment is to go directly to you. When this happens we will mail our check to you within 1 week from the day we receive any excess payment from your insurance company in the exact amount as any such payment.

Dental Insurance Policy

However, if you desire us to accept payment from your insurance provider, we will do so under one of the following two alternatives:

Plan 2.

We will perform an X-ray and examination appointment to establish your treatment and fees. You will be requested to pay for this appointment. This payment will be subtracted from your portion of the payment obligation after the pre-treatment authorization has been received. We will then submit the treatment plan and fees to your insurance company for them to evaluate and make a "pre-treatment authorization." This will establish the amount that your insurance company will pay for your treatment and the amount for which you will be responsible. Once we receive the pre-treatment authorization an appointment can be scheduled to begin your dental treatment. At this initial appointment that portion of the fee for which you are responsible will be requested from you. We will bill your insurance company for the balance of the treatment. If your insurance company does not pay their portion of the treatment (as outlined on the "pre-treatment authorization") within 30 days after submitting our claim, you will be notified and expected to pay the balance within 5 working days.

Plan 3.

If you cannot wait or do not wish to wait for a "pre-treatment authorization" (usually 2 weeks), you may begin your dental treatment on your initial appointment or at a later appointment. On this initial visit we request that you pay for one-half (1/2) of the total fee. We will then bill your insurance company for their portion of the treatment. If the insurance benefits have not been paid within 30 days of our submitting the claim or the insurance pays nothing or less than the balance due, you will be notified and expected to pay the balance within 5 working days.

It is important to understand that once a treatment plan has begun for which insurance participation is sought under either of these two alternatives, the treatment plan cannot be changed or altered unless the insurance company is notified and a new "pre-treatment authorization" is received for the modified treatment plan – this is Insurance Company rules, not ours.

The benefits you may receive from your insurance company are in accordance with the terms set down at the time of purchase either by your employer or by yourself. No two policies are alike -- even from the same insurance company. Some cover all fees, some cover part of your expenses, some cover none. The amount you receive from your insurance company depends on the terms of your policy and your employer's contract with that company. Regardless of company or policy, there is a relationship between this office and the patient, but none with the insurance carrier other than filing of forms. Frequently the amount received from your insurance company is not the same as on the pre-determination -- sometimes more, sometimes less. If your insurance payment is more than anticipated, and you are due a refund, we will send a refund check to you within one week or our receipt of any overpayment. Conversely, in the event the insurance payment is less than the balance owed, we will notify you and, likewise, you will be expected to send the balance of the amount due within one week of such notification. In all instances, we are participating with your insurance company as a courtesy to you, but the responsibility for payment is yours, not the insurance company's. Regardless of the reason for any underpayment, or for no payment, you will remain responsible for the entire bill, and by signing this agreement contract with Coastal Dental Services that you commit to make payment for any deficiency in any insurance payment or non-payment, as the case may be, within one week of our notification to you of any deficiency.

We shall report what was done, as it was done, and shall not adjust the method or the reporting of the amount to manipulate the application. It will be a true and accurate report from our office records.

I, the undersigned have read this policy letter and understand my responsibilities herein. I further agree and understand that the only obligation Coastal Dental Services has to me regarding my insurance coverage, or to my insurance company is to submit proper and accurate claims to my insurance company.

I understand that it is my obligation to submit proper claim forms to Coastal Dental Services at the original appointment complete with all of the required personal and employer information filled out, and I agree to be responsible for the entire amount owed to Coastal Dental Services for the treatment covered by this agreement.

I prefer : Plan 1 Plan 2 Plan 3

Patient:

Date:

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Dental Insurance Policy Information

PRIMARY DENTAL INSURANCE COMPANY

Employer: _____

Bus. Address: _____

CITY STATE ZIP

Bus. Ph: _____ Plan: _____

Ins. Co. Name: _____

Claims Address: _____

CITY STATE ZIP

Ph # for Claims: _____

Group #: _____ Group Name: _____

Insured Party: _____ Relation: _____

Sex: M F Birth Date: _____

Home Addr: _____

CITY STATE ZIP

Ph: _____ SS# _____

ID#: _____

SECONDARY DENTAL INSURANCE COMPANY

Employer: _____

Bus. Address: _____

CITY STATE ZIP

Bus. Ph: _____ Plan: _____

Ins. Co. Name: _____

Claims Address: _____

CITY STATE ZIP

Ph # for Claims: _____

Group #: _____ Group Name: _____

Insured Party: _____ Relation: _____

Sex: M F Birth Date: _____

Home Addr: _____

CITY STATE ZIP

Ph: _____ SS# _____

ID#: _____