

KYLE TAYLOR, DDS, PLLC / Distinctively Dental

## About Your Dental Insurance Coverage

**Dental insurance coverage is ever changing.** Our staff is here to help you understand your particular dental insurance coverage. For every patient or family, we contact the insurance company and gather information that helps us *interpret* coverage, with the key word being “interpret.” As time goes on, insurance companies are disclosing less detail and imposing more restrictions on you, their customer, regarding how they will pay claims.

Although we use a form to gather detailed information about waiting periods, downgrades in treatment coverage, and restrictions of treatment, sometimes an insurance company may not disclose additional information which is out of the norm that would be helpful to us. It is not a perfect “science” in other words.

You can assist us in several ways:

- Please read your policy and try to be familiar with the details of coverage including waiting periods, maximum payment per year, excluded treatment, etc.
- See our website for a listing of the plans we accept. Only the insurance plans that the doctor is signed up for at this particular address pertain to this practice.
- Before appointing, please inform us of any change or update with your coverage.
- For any treatment plan that you feel warrants a pre-estimate or pre-authorization, this may give you greater information about what is covered (but keep in mind this may delay treatment by 30 to 60 days).

The patient should understand that the quality of the insurance is determined by the premium paid for the policy, and there are many levels of dental insurance. There are many policies these days that do not cover at or near 100% for preventive needs (the norm in the past), and the patient should research this ahead of the appointment. We are sometimes asked to make adjustments on the account for payment deficiencies, payment denials or treatment rendered exceeding the maximums paid per year by the insurance company, but we are sorry that we are not able to accommodate these types of requests.

**It should be understood by each patient, insured, and Financially Responsible Party that by us assuming this role as your assistant in interpreting your dental insurance, the patient, insured, or Financially Responsible Party is the ultimate responsible party in this regard. We will do our best to inform you, but in the end, without exception, and regardless of how competently you feel we have assisted you in interpreting your coverage, any fees due to the office which are not paid by the insurance company are due from the Financially Responsible Party.**

Is there anything you would like to note about your dental insurance?

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Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Financially Responsible Party (if different) \_\_\_\_\_ Date \_\_\_\_\_

## Dental Insurance Verification

If you have a card with information about your insurance carrier please feel free to send us a copy of the front and the back of the card, or you may fill in the blanks below and forward this back to our office.

Policy holder Employer: \_\_\_\_\_

Policy holder name: \_\_\_\_\_

Policy holder date of birth: \_\_\_\_\_

Policy holder SSN\*/or Member ID #: \_\_\_\_\_

\*in some cases the SSN of the policy holder is the member identification number for your insurance carrier (you may look at your card for other personalized pieces of information such as an ID #). If you are uncomfortable providing this information via fax or e-mail you may contact our office directly and give this information directly to a business staff member.

Patient Name\*: \_\_\_\_\_

\* If patient is same as policy holder, leave this section blank.

Patient date of birth: \_\_\_\_\_

Name of Dental Insurance Company: \_\_\_\_\_

Customer Service number for Insurance: \_\_\_\_\_

If you have a FSA (flexible spending account) and would like our assistance in planning for your dental needs for the current or future year, please let us know.

***We're here to help. If you need assistance completing this form please contact our office via phone, fax or email.***