

## **INSURANCE POLICIES & PROCEDURES**

Thank you for choosing Dean Cosmetic Dentistry for your dental needs. We pride ourselves on our thorough communication with you, our patient, to make sure all questions are answered and you have any and all information you may need regarding your treatment.

As a courtesy to you we diligently verify your personal insurance plans, policies and coverage to best estimate your office fees. To make sure we are in agreement we highly encourage, as a courtesy of you, to be educated on your personal insurance plan prior to your office visit. If we are not an in-network provider, fees may vary due to a difference of fees in each plan and/or insurance carrier. Insurance companies tend to not give out much information with those not in-network with them. Understanding your policy, as well as us, will help us communicate clearly and help us, as your service providers create a treatment plan that is most accommodating to you.

Unfortunately, we are not able to figure an exact amount of payment by a simple insurance verification. If we are unable to answer any questions beyond our ability we are more than happy to send a pre-estimate off to your insurance company prior to treatment in order to find what coverage you are allowed. (A pre-estimate may take up to at least 2 weeks to be sent off and returned to us.) If you wish to handle this personally by calling your insurance company we are able to give you the exact codes on your treatment plan you may need to gain an estimate from your policy. If you do not wish for us to send off a pre-estimate or contact your insurance company personally you are ultimately responsible for any unpaid balances your policy does not cover.

We appreciate your loyalty and understanding our insurance policies and procedures. We hope to always exceed your expectations and these procedures will only create a more positive relationship with our office and you. Thank you again for choosing us and we look forward to making your smile even more beautiful.

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Name:	Date	