

Southern Ocean Oral Surgery & Implant Center  
Dr. Anthony Navilio

To our valued patients:

- We will happily check on your estimated insurance benefits prior to surgery. Please understand **this is only an estimate** as if and what the insurance pays is entirely up to the insurance company, and we have no way to know with certainty what their final decision and payment will be.
- We can send a pre-determination for your treatment if you choose. This can take days or many weeks, but will give a somewhat better indication of what your insurance will pay. This is still however just an estimate as again the final say is with the insurance company
- The estimate we obtain is based on your CURRENT medical insurance deductible and your CURRENT dental insurance remaining benefits. If any of this changes after the fact it WILL effect your insurance claim disbursement and may reduce any coverage.
- Once the surgery is completed we will fill out and submit your claim(s) for you if you so choose. If you prefer to submit and follow up on your claim yourself we can print it out for you with the appropriate codes. On the claim we indicate that the payment should go directly to you, the patient (or subscriber), NOT to us. Even with this sometimes the insurance company will send the payment to us. In that case we can attempt to sign the check over to you, however if your bank will not accept that we have no choice but to send the check back to the insurance company and have them re-process the claim. While no guarantee, if you call your insurance company once the claim is received and specify to them that you have a zero balance and any and all checks should go to you, this may help.
- We truly wish we had more control over this process, however insurance companies operate under their own set of rules, and we have absolutely no say in what they pay, when they pay, or if they pay. We are as frustrated and unhappy about this policy as you are likely to be but until they are reigned in with legislation it is unlikely to get better.

By signing below you indicate that you understand and accept all of the above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_