



THAI PHAM, DMD, PHD
Endodontic Innovations
13127 Kings Lake Drive, Suite 101
Gibsonton, FL 33534

Vital Information about your Dental Insurance

Our office is happy to help you file your insurance to receive the dental benefits that you and your employer are paying premiums for. Dental benefit plans can vary from company to company with different procedures covered or not covered. **Insurance companies base the amounts that they will pay toward your dental treatment on restricted fee schedules related to premium payments and geographical location. In other words, your insurance plan will pay only what it allows for each service, regardless of what the actual fee might be.** Deductibles and co-payments are typically built into most plans and their required payment is strictly regulated by state law. Both our office and you as the policy beneficiary can be prosecuted if deductibles and co-payments are not collected. Your Employee Benefits Director can usually help you become familiar with your plan and its restriction, and our office will assist you in maximizing your benefits.

Our responsibilities:

1. Complete your insurance claim forms and submit them to your carrier for you after your treatment is completed.
2. Use current American Dental Association coding for correct reporting of procedures.
3. Accept direct payment from your carrier (if we are the provider for your insurance company) and keep track of balances.
4. If necessary, re-file your insurance a second time within a 60 day period.

Your responsibilities:

1. To provide our office with necessary information concerning your insurance coverage to allow corrects filing of claims.
2. To understand that your plan is a contract between you and your employer and the insurance carrier. Our office will do all we can to facilitate claims payment, but we do not have the power to make your plan pay.
3. To pay your account balance on the same day that services are rendered.

We thank you for choosing our office and will do all we can to help you obtain the benefits you deserve. Please sign this form below. We will keep this copy in your chart. If you would like a copy for your own record, please let us know.

I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third payers.

Patient or guardian

Date

We will accept direct assignment of benefit if we are the provider for your insurance company. Please read the below and sign if this applies to you.

I hereby authorize payment directly to the dental office of the insurance benefits otherwise payable to me. I understand that I am ultimately responsible for all costs of dental treatment. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third payers.

Patient or guardian

Date