PATIENT ACKNOWLEDGEMENT OF INSURANCE CLAIMS FILING

Dental Wellness Center has undergone various stages of training and is dedicated to servicing each patient's needs. Our team has a working knowledge of insurance company policies and procedures. Our insurance coordinators are responsible for performing a variety of tasks including filing claims, posting insurance payments and overseeing the entire insurance process. They are available at any time to answer your questions.

We make every effort to obtain our patients dental insurance information over the phone or internet at the time they schedule their appointment. This allows us to obtain a summary of their dental benefits prior to their appointment and to help facilitate the new patient process. If the insurance information is not provided then we verify it at the time of their appointment. **IF INSURANCE INFORMATION IS NOT PROVIDED AT TIME OF SERVICE, A CREDIT CARD MUST BE PROVIDED TO COVER EXPENSES ASSOCIATED WITH APPOINTMENT. PATIENT WILL BE REQUIRED TO SIGN A FINANCIAL STATEMENT WHERE CARD WILL BE CHARGED 24 HOURS AFTER APPT, IF INSURANCE INFORMATION HAS STILL NOT BEEN PROVIDED TO OUR OFFICE.**

Once a patient is verified that they are eligible for benefits, a summary of their coverage is applied to their account. We collect the patient portion at time of service and file an insurance claim for reimbursement to be paid directly to our office. Once the claim is processed any amount paid will be applied towards their account. Occasionally claims will be denied or more information will need to be provided. If there is a difference in the estimated insurance coverage and the actual amount paid or the claim is denied, then the patient is ultimately responsible for the balance and will receive a statement from our office. Patients must understand that our treatment plans are "only an estimate" and insurance companies are not always predictable.

WE EXPECT OUR PATIENTS TO UNDERSTAND THAT IT IS THE PATIENT'S RESPONSIBILITY TO KNOW THEIR INSURANCE BENEFITS AND ELIGIBILITY. IF INSURANCE DOES NOT COVER EXPENSES INCURRED BY PATIENT, PATIENT (OR PATIENT'S RESPONSIBLE PARTY) WILL BE RESPONSIBLE FOR ANY OUTSTANDING BALANCE ON PATIENT'S ACCOUNT.

SECONDARY POLICIES: Some of our patients provide us with two dental policies for us to file for them. We file the primary policy and upon payment we will forward the claim to their secondary policy along with an EOB, or "Explanation Of Benefits," from the primary policy. The EOB is a payment statement showing how much was paid and how claim was processed. Any policy that is considered to be secondary will require the primary EOB before the claim can be processed. **PATIENTS WILL BE RESPONSIBLE FOR ANY "Out of Pocket" FEES NOT COVERED BY PRIMARY INSURANCE POLICY AND PAYMENT WILL NEED TO BE MADE AT TIME OF SERVICE.** We will notify patient when Secondary Insurance claim has been closed/paid and will at that time schedule to reimburse patient for any "out of pocket" overage paid at time of service. Reimbursement due from our practice to the patient will occur within 30 days of closing the Secondary Insurance claim.

Treatment plans for any procedures will only reflect payment from the primary policy. Sometimes dental procedures have exclusions, clauses, and waiting periods in the fine print. Insurance companies do not always provide comprehensive benefit information to us therefore we do not know the limitations and rules they use to determine benefits. What this means to our patients is that their portion will be based on one policy, however we will still file the secondary policy for them as a courtesy and will reimburse patient any overage after secondary claim has been closed. Patients should understand that the process to file claims, process and close out can take anywhere from 30-60 days when filing with more than one policy. Our team will commit to do it's best to keep the process timely and efficient. However we may need to ask the patient to get involved if we incur any issues with the processing of the claim with your insurance carrier.

I HAVE READ AND UNDERSTAND HOW DENTAL WELLNESS CENTER WILL ASSIST WITH BOTH PRIMARY AND SECONDARY INSURANCE CLAIM FILING. I UNDERSTAND THAT I (THE PATIENT'S RESPONSIBLE PARTY) WILL BE CHARGED THE TOTAL AMOUNT DUE FROM PATIENT PRIOR TO ANY SECONDARY COVERAGE AT THE TIME OF SERVICE. DENTAL WELLNESS CENTER HAS COMMITTED TO ASSIST ME WITH FILING MY SECONDARY INSURANCE CLAIM ONCE MY PRIMARY INSURANCE POLICY HAS ISSUED EOB WITH PAYMENT AND I UNDERSTAND THAT I WILL RECEIVE MY REIMBURSEMENT (IF ANY EXISTS) AFTER MY SECONDARY INSURANCE COMPANY HAS PAID AND CLOSED CLAIM.

PRINT PATIENT NAME:_____ DATE:_____

PATIENT (OR RESPONSIBLE PARTY) SIGNATURE:_____

DWC STAFF SIGNATURE:_____ DATE:_____