

Cranberry Family Dentistry

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IMPORTANT INFORMATION ABOUT YOUR DENTAL INSURANCE

Our office is happy to help you file your insurance claims to receive the dental benefits that you and your employer are paying premiums. Dental benefit plans can vary from company to company with different procedures covered and 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 only 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 Human Resources Director can usually help you become familiar with your plan and its restrictions, 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 within 24 hours of treatment.
2. Use current American Dental Association coding for correct reporting of procedures
3. Accept direct payment from your insurance carrier and keep track of balances.
4. If necessary, re-file your insurance a second time within 60 day period.

Your responsibilities:

1. You may be asked to pay any deductibles or co-payments at the time of treatment. Any balance remaining after insurance payment is due within 30 days and must be paid in full upon receiving your first statement from our billing service. Any unpaid balances will be subject to a monthly finance charge.
2. To provide our office with necessary information concerning your insurance coverage to allow correct filing of insurance claims.
3. To understand that your plan is a contract between you, 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 the plan pay.
4. Contact your insurance company when payment has not been made within a 60 day period.
5. To pay any account balances not paid by the insurance after 2 billing attempts. **You are ultimately responsible for all balances not paid by your insurance company.**
6. **Our office strives to use the most up to date techniques and materials. PLEASE NOTE: We do not place amalgam (silver) fillings. We use resin filling materials, which we feel is the most advanced material available at this time. It is your responsibility to know if your insurance plan reimburses at the amalgam restoration level, regardless of the material used in your restorations. You will be responsible for the difference in insurance reimbursements.**

We thank you for choosing our office and will do all we can to help you obtain the benefits you deserve. Please sign below. We will keep one copy in your file and give you a copy upon request for your records. 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 records and other information about my dental treatment to third party payers.

_____ date _____