



## YOUR DENTAL INSURANCE AND FLEX BENEFITS

The orthodontic fee is ultimately your responsibility, however the payments made by your insurance company will reduce your net expense for treatment. We have found that a majority of our account problems are from a misunderstanding involving insurance.

Provided our office calls your insurance company to receive all of the appropriate orthodontic information *prior* to your consultation appointment, our office CANNOT guarantee that your insurance company will pay, as verification over the phone is NOT a guarantee of payment. Therefore, if you are informed in the consultation that you have coverage and you subsequently begin treatment, but the insurance is denied for any reason after we file your initial insurance claim, YOU are ultimately responsible for the *entire* treatment fee. In the event that your insurance is a PPO or HMO, or any other insurance policy that has a reduction in the overall contract fee, and the insurance is denied, the contract will revert to our usual and customary fee, thus there will be an increase in your fee.

As a courtesy to you, we will file the necessary insurance forms so that your insurance carrier can provide your benefits to our office. We cannot predict their payments or make your insurance company pay. Since insurance companies respond more effectively to the insured, once our office has filed the necessary claims, any problems that may arise are to be handled by the insured. There may be times when you, as the insured, will need to call your insurance company or benefits office in order to get results.

In the event that your insurance company or benefits cease or change during treatment, please inform our office and bring in your new insurance information, so we can process the new paperwork. If you receive new insurance during the course of treatment, our office CANNOT guarantee they will cover work in progress, thus the remaining fee is ultimately yours.

### FLEX SPENDING:

If you should have a flexible spending account or cafeteria plan benefit this benefit is between you and your employer. It is your responsibility to check with your employer on how your plan works in conjunction with your insurance. Our office will gladly print receipts for you. Our office cannot figure the amount that you need to put aside each year or be held responsible for any discrepancies in the amount you put aside.

Thank you for your cooperation regarding this matter.

I have read above and agree to comply with the office insurance guidelines.

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Signature of patient or parent.