

UNDERSTANDING YOUR INSURANCE BENEFITS IS YOUR RESPONSIBILITY.

You are responsible to contact your insurance company to obtain an **estimate of potential reimbursement** from your insurance companies for your/your child’s planned procedures.

Your insurance company may determine that some, but not all, of the procedures are covered services, and your insurance companies may not pay in full for covered services.

Even if your insurance company informs you that a particular service is “covered at 100%” this does NOT necessarily mean that you will have no out of pocket expenses. You may have additional insurance plan circumstances that affect your actual out of pocket costs, such as:

Deductibles: In an insurance policy, the deductible is the amount of expenses that must be paid out of pocket *by you* for medical or dental services *before* your insurer will pay any expenses. If you have not reached your deductible already, then you will have out of pocket expenses. *We have no means of obtaining your personal information regarding how much deductible you have paid. You should check this before treatment is rendered.*

Co-pays: A Copayment or copay is a fixed payment for a covered service. The amount of your copay is defined by your insurance company, and must be paid by you each time you receive a medical or dental service. *Dr. Banks does not waive copays.*

Denial after the fact: In rare cases, even after we have obtained an estimate of potential reimbursement from your insurance company, your insurance company can deny payment for services after the treatment occurs and when the claim is submitted. *Every effort will be made to assist you in appealing this unfortunate insurance decision and to obtain reimbursement for any covered services.*

As a courtesy to you, we will submit your insurance claims for you, and we will accept payment directly from the insurance company for any covered services, and outstanding balances will be billed to you and overpayments will be reimbursed. *Your other option is to pay in full for Dr. Banks’ services and submit an insurance claim for reimbursement yourself. If you would like to submit claims yourself, please let us know.*

Remember, your insurance company exists to help *reimburse* for your medical and dental expenses. Your insurance company is not responsible to pay your bills. YOU are ultimately responsible to pay for services rendered to you or your dependent(s) in this office.

I have read and understand this statement:

Name (print)_____

Signature_____

Date_____

Kathy A. Banks, DMD
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