



## BYERS DENTAL GROUP

**ATTENTION: Important Insurance Information  
Please read fully and carefully**

In order to prevent any future misunderstandings, disagreements, or disappointments, it is vital that our patients understand our relationship with insurance companies. It is the patient's responsibility to provide us with their correct insurance information, including company name, phone number and member ID. Failure to do so will result in a higher out of pocket expense to you. Please be aware that the dental insurance contract you have is between you and your company, not us and your company. We do not own, control, or influence insurance companies; thus, your company, has the final decision as to what dental needs or treatment your policy will cover. Due to the complexities of dental insurance requirements, we provide assistance for you as a courtesy; however, the primary responsibility for understanding your policy and dealing with your company is fundamentally yours, not ours. Disagreements and misunderstandings are not between this office and the insurance company, but rather between you and the insurance company. Your personal involvement will help to insure the best possible response and service. Your insurance company is far more likely to respond to requests or complaints directly from you rather than from us. After all, you are the one who pays the premiums.

Our practice depends upon reimbursement from our patients for the costs incurred in their care to remain viable. In the event that your insurance company refuses payment for services rendered, you will be responsible for payment in full. A denial from your insurance does not release you from your financial obligations to us. If your insurance company has not paid your account in full within 30 days, the balance is your responsibility. We expect you to remit payment of your balance within 15 days of billing. Since we have no association with insurance companies, we cannot guarantee, promise, or certify their actions or decisions. We will provide you with an estimate of what your insurance company will cover, but in reality, it is only a "guesstimate".

Please understand that our follow-up process is limited to re-billing your insurance company one time only, and we only file dental insurance. Beyond this, we will provide you with copies of the documents needed for the claim so you can pursue the matter with your insurance company.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient or Guardian \_\_\_\_\_