

West Paces Ferry Orthodontics

DENTAL INSURANCE AND FLEX BENEFITS

Orthodontic fees are ultimately your responsibility, however the payments made by your insurance company will reduce the net expense for treatment. About 99% of our account problems are from patient misunderstandings involving insurance. Familiarize yourself with your plan and be sure you understand your benefit. Please be advised that whenever insurance is filed in our office we request that the benefit go **DIRECTLY TO THE INSURED**. You are responsible for paying the entire co-pay amount to us in full, we do not deduct estimated insurance payments. If your insurance plan mandates that Dr. Yurfest receive the benefit directly, we accept the payment and deduct it from the final total. Your payment amount does not change, you just finish paying sooner.

If for some reason your insurance is denied you are responsible for the entire treatment fee. If your plan is a PPO, DMO or other managed care plan with a reduced fee schedule and your insurance is denied, the contract can revert to our usual and customary fees.

We file the insurance as a courtesy to our patients, but any problems arising from insurance are handled by the insured, not this office. We will always provide you with claim copies or correspondence should you need it for your insurance problem resolution.

Be aware that any changes in insurance during treatment must be brought to our attention in a timely manner. Insurance companies have deadlines on filing so if this is not brought to our attention within 30 days of your effective date you may not get your benefit. When changing insurance during treatment, inquire if the new carrier covers work in progress. If not then we do not need to file because you will not be entitled to any benefit.

We work daily with flexible spending accounts and can print receipts to show to your carrier when necessary. Also, you can print your own payment information from our website. Obviously, we cannot advise you on the amount to set aside for your orthodontic expenses, that is something the patient is required to do.

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

Signature _____