



P r e c i s e

DENTAL OF HOUSTON

Lynette N. Crouse, D.D.S.

Understanding Your Insurance Plan

We are committed to providing you with the finest dental care and the most pleasant dental experience possible. Part of this experience involves understanding your financial obligations and your insurance benefits.

The insurance plan that you have selected for yourself provides for payment of some, but not all dental services. As a courtesy to you, our team will obtain your dental insurance benefits form the representative for your insurance company. This is done *with your consent* using your name, date of birth and social security number. We keep all of this information in a safe and secure place to be used only by our dental team for the purposes of helping you obtain your dental benefits.

The accuracy of the information given to us is dependent on the representative from your insurance company. We do not have access to your individual contract benefits and therefore, must depend on the information given to us by phone, fax or email. This information may or may not be correct when given to us and may cause payment of claim to be prolonged and possibly the claim to be denied. The date, time and name of the representative we have spoken to in obtaining this information is documented. This may be helpful to you in speaking to the insurance company if such claim is denied.

By law, you are responsible for payment of your total dental bill. Our goal is to do everything possible to obtain the maximum payment from your insurance carrier and prevent any additional out of pocket expenses. Unfortunately, this is not within our control when dealing with a third party. Should you have concerns regarding your dental benefits, we encourage you to contact your insurance company for further clarification.

Please, remember that our first obligation is to *You* as a patient that we value. We are dedicated to caring for you and your family and to providing you with the information and options necessary to make an informed decision about *your* health. We will never recommend treatment that is unnecessary or unhealthy, despite what your insurance company may dictate for you.

I have read and understand the above disclosure regarding my insurance policy:

Patient Signature _____

Date _____

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