

# **PREMIER DENTAL CARE**

## **Pre-Authorized Financial Agreement**

### **Dental Benefit Explanation:**

It is our goal to provide you with the best dentistry available and your diagnosis will be based upon your individual needs. We assume you are just as concerned as we are about maintaining good oral health; therefore, it is important we do not allow dental insurance to be a determining factor in what treatment will be necessary to maintain proper dental health.

The term "dental insurance" is misleading and could be better described as "dental assistance." Your dental benefits are intended to only ASSIST you with the cost of your dental treatment and will only cover a portion of each procedure up to your yearly maximum benefit. Please note that Dr. Wilson only uses the best resin (tooth colored) filling material and does not use amalgam (silver) due to the mercury in these materials. Some insurance companies will not pay for resin fillings and will "downgrade" to an amalgam filling rate. Please call your insurance company to find out about their policy on resin fillings.

As a courtesy to our guests, we will electronically file your primary insurance for you and accept assignment of benefits. **Assignment of benefits** means we will estimate the expected payment from your insurance company and allow you to pay your estimated portion at the time of service. All estimations are based upon information provided to us by your insurance company and in no way is a guarantee of payment. Premier Dental Care will make every effort in assisting you in getting your dental claims paid; however, we do expect this payment in a timely manner. The State Insurance Commissioner requires insurance companies to pay claims within 30 days or less. We will allow up to 45 days for your insurance to submit payment. Should your insurance company fail to make payment in the allotted time, any unpaid claim will be due and owing by you. Your insurance coverage is an agreement between you and your carrier and it is your responsibility to be informed of your dental benefits and eligibility.

All balances over 45 days are subject to 1% interest monthly and will be turned over for collections unless other arrangements have been made with our financial coordinator. I accept full responsibility and agree to pay all charges incurred by Premier Dental Care in an attempt to collect any unpaid balance on my account. I understand this includes any collection agency fees (up to 50% of unpaid balance), attorney fees, and court costs.

### **Notice of Privacy Practices:**

I have received and reviewed a copy of Premier Dental Care's privacy practices.

I understand the above information and agree to the written policies in effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_