



Jeffrey H Schillinger, DDS, FAGD

Fellow of the Academy of General Dentistry

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If You Have Dental Insurance...

- We work with dental insurance as a courtesy to our patients to reduce their out of pocket costs. However, the financial obligation for dental services is between the patient and this office and is not between us and the insurance company.
- Because many factors are involved that determine the actual payment of benefits, we can only estimate your coverage and cannot guarantee anything due to the complexities of plan contracts. It is your responsibility to be familiar with your insurance benefits and know it's limitations.
- Unlike health insurance, dental plans are designed to assist with only a portion of your costs. Plans can have deductibles, co-pays, yearly benefit maximums, exclusions and frequency limitations. What is covered and the amount paid is determined by the policy your employer buys from the company.
- For most services there are co-pays that must be paid at your visit. These amounts are estimated, and any balance remaining after a claim is finalized is your responsibility. If a credit balance should result after insurance processes your claim, a refund will be promptly issued to you.
- If after 35 days from claim submission we have not received payment from your insurance company, a statement will be sent to you for payment in full.
- We as a dental office are not a party to the insurance contract and have no influence over it or the insurance company's performance. Although we are willing to submit a claim on your behalf to minimize your out of pocket costs, we cannot accept responsibility for the outcome of the transaction, nor does it eliminate your financial obligation for your treatment.
- Our professional relationship is with you, not your dental insurance carrier. Treatment recommendations are based on what we feel is best for your unique situation. If a plan doesn't cover a procedure, it does not mean that the treatment isn't appropriate or needed. We encourage you not to make treatment decisions based solely on your benefit coverage.

Affirmation and Acknowledgement

I affirm that I have read and agree to the above office policies concerning dental insurance. I understand that I am financially responsible for all charges, regardless of dental insurance. If my account has to be sent to collection, I will be responsible for all legal and collection fees incurred by this office.

Patient, Parent or Guardian Signature

Date

Assignment and Release of Dental Insurance Benefits

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____ Insurance Company, and assign directly to Dr. Jeffrey H. Schillinger all insurance benefits, if any, otherwise payable to me for services rendered.

To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with my insurance.

I authorize the use of this signature as the signature on file for all insurance submissions.

Patient, Parent or Guardian Signature

Date

www.Schillingerdental.com