



**STARR &  
DICKENS**  
ORTHODONTICS

## Insurance Overview

**Patient Name:** \_\_\_\_\_

There are many different agreements between insurance carriers and their subscribers, and each contract provides a different benefit. Many of the dental plans are based on a contracted fee schedule that is decided by your insurance carrier. However, orthodontic insurance generally differs from regular dental insurance in that each insured individual usually has a lifetime maximum benefit for orthodontic services. This benefit is paid at a percentage of the orthodontic fee on an 18-24 month payment schedule until the benefit maximum has been reached.

If you or your child are referred to your Dentist or a Specialist to have extractions or exposures done, whatever is paid towards that claim in most cases will be deducted from the orthodontic life time benefit. This will reduce the amount that we receive during the treatment process. This information is not released to us. You may have an insurance balance due towards the end of treatment. If this occurs we will transfer any unpaid insurance balance over to the patients account. The unpaid balance will be the responsibility of the "Responsible Party". Charges for lost or broken appliances are generally not covered by insurance and will be due at the impression appointment.

### HOW OUR OFFICE ASSISTS YOU WITH INSURANCE

As a courtesy, we will call your insurance company to verify your eligibility and benefits. This does not guarantee payment of your benefit but only tells us that you are eligible today. If anything happens in the future to change your eligibility, your benefits may be reduced or denied. We are happy to accept the benefit payments from your insurance unless you have coverage that only pays the insured. We can only accept the primary insurance carrier if you have coverage with multiple carriers, but we will file both plans on the initial visit, although follow-up is the responsibility of the insured.

### IN NETWORK/OUT OF NETWORK

We are an In Network provider for Delta Dental only. We are Out of Network with all other insurance companies.

If you have coverage through anyone other than Delta Dental, it is your responsibility to verify the In Network benefits with them, as we can only confirm Out of Network coverage. It is your responsibility to choose a doctor in the appropriate network.

We do our best to provide accurate benefits information to you. The information we give you is based on the information released to us by the insurance carrier.

**I UNDERSTAND THAT THIS IS ONLY AN ESTIMATE. IF PAYMENTS ARE EVER DENIED FOR ANY REASON OR INSURANCE BENEFITS TERMINATE OR DEDUCTABLE NOT MET, I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ANY BALANCE NOT PAID BY THE INSURANCE CARRIER. THE UNPAID BALANCE WILL BE THE RESPONSIBILITY OF THE "RESPONSIBLE PARTY". PLEASE INITIAL: \_\_\_\_\_**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Date