Canby Smiles
Dental excellence from friends who care

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Insurance Policy

Dental insurance is different than medical insurance, it is important that you are aware of the following:

Insurance is an agreement between you and your insurance company.
The insurance relationship constitutes an agreement between the insurance carrier, the employer, and the patient. Our office is not a party to the contract. As such, we will do our best to estimate coverage but can make no guarantee of actual coverage/payment.
Full dental fees are not always covered.
Insurance companies base the amounts they pay on restrictive fee schedules, regardless of what the actual fee may be. Our fees are sometimes higher than the average fees allowed by your carrier.
Not all your care may be covered.
Not all dental services that are necessary for excellent dental health are covered benefits in all contracts. This depends on the kind of plan your employer has purchased.
All dental insurance plans have an annual maximum (a limit they cover each year).

Here's What We Promise To Do:

1. Complete all insurance claim forms and submit to your carrier within 24 hours of treatment.
2. Use current American Dental Association coding for correct reporting of procedures.
3. Accept direct payment from your carrier and keep track of balances.
4. If necessary, re-file your insurance a second time within a 30-60 day period.

Your Responsibilities Will Be To:

1. Pay for treatment fees not covered by your plan.
2. Provide our office with necessary information concerning your insurance coverage to allow the correct filing of claims.
3. Understand that your plan is a contract between you, your employer, and the insurance carrier.

Our office will do all we can to facilitate claims payment, but we do not have the power to force your insurance company to pay. There may be instances where we ask for your assistance in resolving issues with your carrier. Ultimately, the responsibility for payment rests on the individual patient/responsible party.

_____ By initialing this section and signing below, you indicate that you understand and agree to these insurance guidelines.

I hereby authorize payment of the insurance benefits otherwise payable to me to be made directly to this dental office. I understand that any insurance coverage estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependents in this dental office. I authorize release of my dental/medical histories and other information about my dental treatment to third party payers.

Signature:_____ Date:_____