

**Douglas Milsap, D.D.S., P.A.**

**OUR RELATIONSHIP WITH DENTAL  
INSURANCE AND YOU**

*All services provided in our office are commitment between you, the patient and our office. While we will do our best to help you receive all reimbursements you are entitled to, responsibility for services rendered are yours and we can make no assurances as to how much your insurance company will pay or when. We will be happy to file your dental insurance claims as a courtesy and to send pre-estimations at your request.*

**However, it is your responsibility to know the type of insurance plan that you have and it's benefits. (All this is available from your insurance company)** and can be obtained only by you since HIPAA rules are now in effect. Within each insurance company there are numerous plans and it is not possible for us to keep up with each patient's plan. We will attempt to help you understand your policy booklet if you bring it in at the time of your visit.

Concerning payments, we ask that you pay your portion at the time of service (**unless financial arrangements are made with the Office Manager**) for large balances and we will wait for the insurance company's expected portion for up to 90 day's. If your insurance company has not paid us within the given time we will ask that you pay the balance owed to us and take matters into your hand's with the insurance company.

If you have **NEW DENTAL INSURANCE, PLEASE** tell our staff at the front desk before checking out. This will eliminate double work on their part and not waste time.

**PLEASE DO NOT GIVE US HEALTH INSURANCE INFORMATION!** Dental procedures performed in a General Dental Practice are not covered under a health policy. **DENTAL INSURANCE ONLY.**

Because of HIPAA regulations we are allowed very limited information at best from your insurance company; you will need to have your insurance company's telephone number mailing address, your group number, employee ID numbers, social security numbers of insured and policy owner to inquire about dental benefits. We are no longer able to perform these duties for you.

Thank you for your consideration..... the more prepared you are the more efficient we can be for you.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_