



Welcome, and thank you for choosing our office for your child's dental care!

As a service to our patients, we will submit your insurance claim to your primary insurance company. Our office will provide the insurance company with all the information necessary to help you receive your maximum benefit. However, it is your responsibility to know your insurance coverage and the benefit limitations of your particular policy.

Helpful reminders:

- We are out of network with ALL insurance companies. There is not any direct relationship between our office and your insurance company.
- Your insurance benefits are determined by the type of plan chosen by you and/or your employer. We will file your insurance, accept the assignment of benefit, and can estimate what percentage your insurance will pay. You will be responsible for any portion of services NOT covered by your dental insurance.
- We must emphasize that as a health care provider our relationship is with you and not your dental insurance company. We do not let insurance limit the treatment we provide our patients.
- Some insurance carriers will not allow for reimbursement directly to our office. In such instances, you will be responsible for the entire cost of each visit at the time services are rendered, and the insurance company will send you the reimbursement check directly.

By the signature below, you acknowledge and understand the office insurance policy of Preston Corners Pediatric Dentistry, and allow us to communicate your dental health information with your insurance carrier.

Parent Signature: _____

Patient Name : _____

Date: _____