

Office Insurance Policy

Dental insurance is a highly complex area that creates confusion for many dental patients. The following information will give you some general knowledge about dental insurance and our office policy on dental insurance.

Dental insurance is a contract between your employer and a dental insurance company. The insurance benefits that your child/children receive are based on the terms of the contract that were negotiated between your employer and the dental insurance company, not our dental office. The goal of most dental insurance policies is to provide only basic care for specific dental services. The services selected are based on the cost of the policy to your employer and the negotiated arrangements with the dental insurance company.

Because the benefits you currently have are decided between your employer and the insurance company, many services are not covered. Dental insurance companies rarely cover 100% of any dental fee, and in many cases, cover less than 50%, or nothing at all. The selection of non-covered services is based strictly on the contract with the insurance company, and not on what you want or need for your child/children. Our goal is to help your child/children achieve and maintain optimal dental care. The goal of the insurance company is to provide only the negotiated benefits for the specifically selected services.

Our office will do everything possible to help you understand and make the most of your dental insurance benefits. We take extra time in obtaining your insurance information prior to your child/children's dental visit so that we may provide you with an accurate estimate of your insurance coverage. Our office will also complete and submit dental insurance forms as a courtesy to our patients. Although we do our best to give you the most accurate estimate based on the information gathered from your insurance company, the ultimate responsibility for payment of your child/children's dental treatment belongs to the parents.

We are dedicated to providing optimal dental care for your child/children and working with you to achieve that goal. We pride ourselves on helping you in any way, and in continuing to provide the highest quality of care for your child/children. Please let us know if you have any questions-it will be our pleasure to help you.

I acknowledge that I have read and understand Dr. Tran's Office Policy on Dental Insurance, and am responsible for any payment of my child/children's dental treatment not covered by my (or my spouse's) insurance.

Signature

Date

Print Name