

Rioseco Family Dentistry
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Statement on Insurance Processing

Although many dental offices are no longer handling insurance claims for their patients, we continue to provide insurance claim processing as a courtesy to our patients. This means that if you choose to have our office submit your claims, we will do so at no additional cost to you. If a claim is denied by your insurance carrier, we will be happy to assist you in challenging a claim as well. However, it is not the responsibility of our office to determine whether or not a patient is covered under their insurance policy. It is strictly the patient's responsibility to review the fine print of their policy, and to make any and all necessary telephone calls in order to determine if the policy pays for treatment in this practice. Many insurance policies include a list of provider dentists, and require patients to seek treatment only with doctors who participate in the plan. Because we have found these plans, which offer "discount dentistry", do not allow us the freedom to treat our patients with the newest and most comprehensive methods, we have chosen not to participate as providers in these sorts of plans. However, many of these types of plans offer some limited reimbursement, on a modified benefits scale, for patients who seek care out of network.

In the event of a disagreement with the insurance company, or in the case of any denied or delayed claims, payment of the balance is specifically and wholly the responsibility of the patient. Payment for all services must be made on the day the service is rendered, unless another agreement has been made with our staff. Patients are encouraged to accept the option of having their insurance company make direct reimbursement (where the monies are sent directly to the patients). Whether insurance payments are made to us or to the patient, payment is due on the day of service.

I, _____ have read and fully understand the
above

(First and Last Name)

statement. I have also been given the opportunity to ask any questions I might have regarding the submission of insurance claims. I am aware that I am responsible for prompt settlement of my account with Dr. Rioseco, regardless of the status of any insurance claims.

(Signature)

(Date)