

Dr. Tiffany L. Bolen, D.M.D, PC

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Important Dental Insurance Information

Our office understands that your dental insurance coverage can be quite challenging to understand. Our goal is to assist you in maximizing your benefits. Our office files claims for our patients from many different insurance companies. Each company is different and pays an insurance premium for specific coverage, which fits the company budget.

We ENCOURAGE you to become familiar with your policy exclusions, deductibles, and required co-payments BEFORE arriving in our office and informing us PRIOR to any treatment if there are any services you do not want to have.

PLEASE UNDERSTAND THAT YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND THE INSURANCE COMPANY - WE SIMPLY FILE THE CLAIM AS A COURTESY FOR OUR PATIENTS!

Our courtesy to you includes:

- Filing your insurance within 24 hours of your visit and requesting payment of your benefits to our office.
- Electronically filing your insurance for a short turnaround.
- Researching your dental insurance at the time of your visit to be able to provide you with a general breakdown of coverage.
- Re-filing your insurance a second time within 60 days, if the claim remains unpaid.
- Following the ADA guidelines for coding procedures and filing insurance claims.
- Our office is only contracted with a few insurance companies. We can file ANY traditional PPO plan as a courtesy to our patients. However, please understand that if we are not contracted with your plan, it is likely that your insurance payment will be less.

Our expectations of you as the owner of this policy:

- Realize that dental insurance policies restrict payment for some services (i.e. fluoride limitations, x-ray limitations, cleaning frequencies, etc.), use restricted fee schedules and "Usual and Customary" rates, and exclude some procedures based on the paid premium for insurance.
- Payment within 75 days of the date of services.
- KEEPING OUR OFFICE INFORMED OF ANY CHANGES IN YOUR INSURANCE COVERAGE, PLACE OF EMPLOYMENT, CONTACT INFO (i.e. address, phone number), OR MEDICAL STATUS.
- ALL BALANCES ON YOUR ACCOUNT MUST BE PAID BEFORE ANY NEW APPOINTMENTS ARE SCHEDULED!

I hereby authorize the release of any medical, dental or other information necessary to process the insurance claim associated with this payment agreement. I also authorize benefits to be paid directly to Dr. Tiffany L. Bolen's office.

PRINT NAME: _____

SIGNED: _____ DATE: _____