

ALLEN DENTAL, INC.

INFORMATION FOR OUR PATIENTS WITH DENTAL INSURANCE

Your dental benefit program will assist you in obtaining and maintaining a superlative level of oral health.

IT IS IMPORTANT THAT YOU REALIZE, HOWEVER THAT

- Your dental benefit program is a contract between you, your employer, and the insurance company. **We are not a party to that contract.** The office files your insurance as a courtesy to you.
- Our office generally, but not necessarily, falls within the usual and customary fee structure, determined by your carrier.
- Dental insurance is not meant to be a "PAY-ALL", it is only meant to be an aid.
- The amount your plan pays is determined by the contribution you and your employer make to your dental plan. The smaller the contribution paid in to the plan for "insurance", the less you will receive. It is your responsibility to advise us of your insurance company coverage and restrictions.
- **Not all dental services are a covered benefit.** We make our recommendations based on your needs, not on what your insurance carrier may or may not cover.
- **You** (*not the insurance company*) are responsible to us for **all of our fees** for services rendered to you.
- For patients who have insurance, an **ESTIMATE** will be given of the benefits that the insurance company is expected to pay, and co-payment is expected at the time services are rendered.
- If you have any questions regarding your insurance, please contact your insurance carrier regarding the specifics of the plan.
 - I authorize the release of all necessary information
 - I authorize payment of benefits directly to the provider
 - I have read this form and agree to be financially responsible for all fees regardless of insurance coverage.

Signature: _____ Date: _____

Please Print name: _____

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