**DENTAL INSURANCE POLICIES**

All patients with dental insurance please read thoroughly.

Please understand that all dental services furnished are charged directly to the patient and he/she is personally responsible for payment of all dental services. Insurance is billed as a courtesy to all patients.

Every attempt is made to determine the exact amount that your insurance will cover for any procedure, however, the final responsibility of payment rests with the patient. This dental office cannot render services on the assumption that our charges will be paid by the insurance company. **Your estimated portion is always due at the time that treatment is rendered.**

The fees and estimate listed for dental care can only be valid for a period of three months from the date treatment was diagnosed.

Please understand that our number one concern is to treat you with the most advanced materials and services available to improve the outcome and longevity of a healthy smile. Dr. Nelson has a set standard of care used in our office through his years of education and experiences. Our standards and material choices will not be dictated by an insurance company. Every dental insurance company operates differently and some have exceptions and exclusions for materials or procedures. If materials or services are rendered that are beyond what an insurance company provides for, **you, as the patient, will be held financially liable for such services**.

It is the responsibility of the patient to understand what their particular insurance plan coverage contains. We will happily provide insurance and patient portion estimates for all procedures advised if asked for. **However, please understand that these are estimates only and it is the patient’s responsibility to accurately obtain plan coverage from their personal insurance plan**. If you are concerned, please ask that all work be pre-authorized through your insurance company before scheduling treatment in order to give you a better estimate if needed.

I assign directly to Marc Nelson, DMD Family Dentistry, all insurance benefits, if any, otherwise payable to me for services rendered. I authorize the use of my signature on all insurance submissions.

I understand that I am financially responsible for all changes whether or not paid by insurance and that my estimated portion is always due at the time treatment is rendered.

I have read the above conditions and agree to their content.

Signature of patient/guardian:                                                                 Date:                             Relationship to patient: