

# Stuart B. Pechter, D.M.D.

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## Office Policy on Dental Insurance

We have adopted a system which greatly simplifies the preparation of insurance claims. Your receipt from this office will contain all of the information needed from the Doctor in order for your claim to be processed. A pre-treatment estimate can also be submitted so that you will know in advance, what portion of your charges will be covered by your insurance. In order to keep clerical costs at manageable levels, and proceed as quickly as possible with needed periodontal therapy, we now file all claims electronically. Benefits will be paid directly to you, and you will be responsible for full payment of your charges at the time of service.

For more costly treatment however, we can arrange for direct assignment of insurance benefits to the Doctor. For this we require that a predetermination first be approved by the insurance company before treatment begins. You will then be responsible for payment of whatever insurance does not cover at the time treatment is rendered. Although we will act on your behalf to get the full benefit to which you are entitled, if insurance reimbursement turns out to be less than anticipated from the predetermination, you will be responsible for the difference.

Regardless of insurance coverage, you are ultimately responsible for payment of all charges. Remember, too, that insurance usually does not cover all dental costs, and some therapies are not covered by all insurance companies. Often, policies pay fixed allowances for specific procedures, or a percentage of a maximum allowable charge. Many policies require that you pay an initial yearly "deductible" or set an annual or lifetime maximum limit of benefits.

Dr. Pechter is not a provider for any insurance provider network. We have found these plans to be too limited in the services that they cover. We will, however, work with you to maximize your benefits from any insurance program that allows you the freedom to choose your own dentist.

I understand the insurance policies of Dr. Pechter's office, and take full responsibility for all charges incurred.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_