

Dental Insurance

Most employers pick insurance plans that allow their patients to go to the dentist of their choice. There might be a slight difference in the percentage of payment for certain procedures, but patients have the freedom to see a dentist they trust. There are however, some employers who choose cheaper insurance plans, which require patients to see a dentist that is under contract with them. Instead of a slight variation in the percentages, the percentage of payment is 0% unless you see a dentist on their list. It is your responsibility to research your insurance coverage before coming to our office. However, we know that insurance can be very difficult for the normal person to understand so if you have any questions about your policy, you may call our receptionist and we will help you to the best of our ability.

We enter your insurance coverage into our computer and it updates your insurance coverage every time you come in. Therefore, we can very closely approximate what your insurance will cover and the leftover balance you are responsible for. We will request that you pay the estimated leftover balance at the time of service. We accept cash, check, VISA or MasterCard.

If you are going to have extensive treatment and cannot pay the entire balance at the time of service, we offer financing through an organization called **Care Credit**. Basically they will allow you up to a year in most cases to pay your balance with no interest. They charge Biniker Family Dental the interest. If you extend your payments for over a year however, then they will be charging you the interest. Please read this information carefully because the penalties for not paying off your loan in the specified time can be severe. You can apply for a Care Credit loan on this website link or in the office, but these payment arrangements must be made prior to beginning your treatment.

Primary Coverage

Employee _____ Social Security No. _____ Birthdate _____

Employer _____

Insurance Company _____ Group No. _____

Insurance Co. Address _____

Secondary Coverage

Employee _____ Social Security No. _____ Birthdate _____

Employer _____

Insurance Company _____ Group No. _____

Insurance Co. Address _____

In order that we may submit your insurance claim for you, we would like you to read and sign the following two statements, which are standard on most forms. (If you have any questions about these please ask receptionist.)

I have been informed of my treatment plan. I authorize release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.

Signed _____ Date _____

In order to collect payment from the insurance company for your dental treatment and care, please read and sign below.

I hereby authorize payment directly to Biniker Family Dental for the group insurance payments otherwise payable to me.

Signed _____ Date _____