Smile Builders Pediatric Dentistry
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NOTICE TO ALL PATIENTS REGARDING INSURANCE

I understand that the office staff has reviewed my benefits with me. I understand this is a courtesy, and no benefits are guaranteed until the claim is processed. Before seeing a provider, it is always the patient's responsibility to determine if the doctor they are seeing is "in" or "out" of network for his/her specific plan.

Please be aware that there are many new insurance plans and policies. New plans through the Insurance Marketplace Exchange and newer commercial plans may have many changes. It is very likely your policy may have restrictions you may not be aware of. Your plan may restrict you to a different network of dentists, apply a higher copay or deductible, or some services may not be covered at all.

Remember: It is ultimately the patient/family's responsibility to know their coverage and benefits. You will be responsible for any balances due after your insurance plan processes your claim.
** To find out what your insurance plan benefit covers and what your financial obligation may be, call the customer service number or the member services department of your insurance company. We are happy to provide dental codes for procedures you are checking on.

If we are **out of network** with your plan, your insurance company will reimburse us at their determined "Usual, Customary, and Reasonable" (UCR) fees. You will be responsible for any differences that result between the UCR fees and the dentist's fees. In addition, you are responsible for any services not covered by your plan.

If we are **in network** with your plan, then the dentist has a contract with your plan and the dentist will adhere to their fee schedule. However, you are responsible for any services not covered by your plan.

I understand the above information and agree to abide by its contents.

_____ _____ _____
Parent/Guardian (print name) Parent/Guardian signature Date