

LakeView Family Dental

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INFORMATION FOR PATIENTS WITH DENTAL INSURANCE

If you have dental insurance, we will assist you in every way possible to maximize your dental insurance benefits including filling out and filing the forms at no charge. Of course it is your responsibility to deal with your insurance company and your employer regarding premiums and coverage.

While helping you take maximum advantage of insurance reimbursement, we feel it is our responsibility to make recommendations for what we feel is the best treatment for you without feeling limited to the amount your dental insurance pays.

Here is some information about the dental insurance system that will help to explain why what is best for you may not always be the same as what your insurance will pay:

FACT #1: Dental insurance differs in some ways from regular health insurance that covers physician and hospital costs. Not everyone gets ill but nearly everybody has some dental costs. The amount of money available to pay dental insurance costs is equal to the amount contributed by employees and employers minus costs of operating the insurance company and a normal company profit. So the lower your premiums for the insurance the less money there is available to pay claims.

FACT #2: To protect themselves, insurance companies usually make up a schedule of what they view as "usual and customary fees." It is our experience in dealing with over 1,000 dental insurance plans that some schedules actually only cover 40 to 50% of customary fees. Others may cover up to 80% with certain deductibles, maximums and exclusions. . Rarely does insurance cover 100%.

FACT #3: Since insurance companies are in business to sell insurance and make a profit, it is natural that they may try to shift the blame for their lack of coverage onto the dentist and his fee schedule rather than admitting their coverage is less than customary.

It is very appropriate for you to call your insurance carrier and ask any questions regarding the details of the insurance plan they are operating in your behalf.

We will do our very best to make as close a calculation as possible of what your insurance plan will pay so you will know in advance approximately how much additional you may need to pay over and above what your insurance will cover.

We want you to be comfortable in dealing with these matters and urge you to ask us if you have any questions regarding our services and fees.

I authorize the release of all necessary information to my insurance company.

I authorize payment of benefits directly to the provider.

I understand that there is a cancellation/missed appointment fee of \$95.00 for each appointment cancelled with less than 48 hours notice.

I have read this form and agree to be financially responsible for all fees regardless of insurance coverage.

Signature _____ Date _____

Office signature _____ Date _____