



Dear Patient,

Welcome to our Dental Practice! We look forward to taking care of your immediate and future dental needs. As a patient of Ocala Dental Care we would like to inform you of our office and insurance policies.

We have prepared this letter to help you better understand the complexities of dental insurance as we realize just how confusing it can be. To begin, we would like to highlight a misconception: Dental insurance was not designed to pay for all dental care. Most contracts have limits and/or various degrees of co-payment.

All levels of payment by insurance companies, including allowed fees, and usual and customary (UCR), are governed by the premiums paid. They have nothing to do with the actual charges. Our fees are based upon a combination of our costs, our time, and our constant dedication to supplying our patients with the highest quality dental care. The treatment recommended by our office is never based on what your insurance company will pay. Consequently, your treatment should not be governed by your insurance contract.

I understand that if my insurance company pays less than the estimate shown on the treatment plan, regardless of any pay today courtesy offered, the unpaid insurance balance is due by the patient.

Insurance Claims and pre-authorization estimates will be filed as a courtesy for our patients. Any estimate for your dental visit is not guaranteed. Insurance companies could pay more or less in benefits. It is the patient's responsibility to make up the difference. We ask you to also be familiar with your insurance maximums, benefits, and exemptions. It should be understood that the dental insurance contract is between the insurance company and the patient. However, the patient bears the ultimate financial responsibility. Any unpaid account balance after 60 days must be paid by the patient or patient's guardian.

All co-payments are due at date of service. \_\_\_\_\_  
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We hope this information has been helpful. Please take the time to review your contract thoroughly so we may best serve you. As always, feel free to ask any member of our staff for clarification regarding services, billing, and insurance.

I, \_\_\_\_\_ on this date \_\_\_\_\_ agree

and understand the office and insurance policies of Ocala Dental Care.