



Enlow & Vance Dental Partners, P.A.

*"Your partners for dental fitness"*

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## Insurance Protocol

### Courtesy Service to our Patients with Dental Insurance

1. Filing your insurance electronically and requesting payment be sent to our office.
2. Researching your dental insurance plan to advise you of your benefits.
3. Re-filing your insurance a second time if payment has not been received after 45 days.
4. Following the American Dental Association (ADA) guidelines for coding procedures and filing insurance.

### Patient Responsibility Regarding Dental Insurance

1. Payment of fees in excess of your estimated insurance benefit are due at the time of service.
2. You have ultimate responsibility of communication with your insurance company as the policy holder. Although we will file for benefits on your behalf and will communicate with your insurance company for you we essentially have no leverage to obtain payment from your insurance carrier and may not be able to resolve all issues for you.
3. It is vital for you to understand your specific insurance policy to understand benefits and limitations of your plan. Insurance payments are limited to a UCR (Usual and Customary) level determined by your specific insurance company involving a quality level of dental materials or procedures of their choosing. Our focus is on your dental health, not your insurance. Our treatment plans are based on the highest quality level of materials or procedures. Review your treatment plan and discuss the various options for your care.
4. Payment of all fees, including the estimated insurance benefit, if your insurance company has not paid us within 60 days.
5. Inform us of any change in dental insurance so that we can direct our inquiries to the appropriate company.

I authorize Enlow & Vance Dental Partners to release information acquired in the course of my dental care to my insurance company. I authorize benefits to be paid directly to Enlow & Vance Dental Partners. I understand that I am responsible for the entire cost of my treatment.

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Signature of Patient/Insured/Responsible Party

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Date