

Dental Insurance Information

We are pleased to assist you in making an investment in your dental health by submitting your insurance claims. Please complete the information below so that we can make sure that you get the benefit reimbursement you are entitled to under your plan.

Name of insured Employee name

Insurance company name

Address

City State Zip

Policy/Plan number Social Security # or ID #

Relationship to the insured Insured's date of birth

Most plans have limitations (deductibles, yearly maximums and exclusions). In order for us to properly estimate benefits, please make available your limitations booklet (provided by the employer). The insurance plan is a benefit provided by your employer to you and an agreement between your employer and the insurance company on your behalf. We will file your claims as a courtesy to you and accept the assignment of benefits allowing payment to us **if** that benefit is available under your particular plan.

What your insurance pays is a benefit to you and does not affect your responsibility to our office even if it does reduce your out of pocket expense. As with all our patients, we will discuss the fees for treatment prior to rendering the service. We can assist you in determining your possible benefit for your dental treatment as provided under your plan.

By my signature below, I state that I understand the financial policy of the office of Alan L. Mazer DMD, and that I am financially responsible for all fees incurred regardless of my insurance reimbursement.

Patient Date

Parent (if minor child under 21) Date