

## DENTAL INSURANCE INFORMATION

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Patient Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_  
MM DD YY

\*\*Please provide a copy of your insurance information or card – it will help us to process your claim

1. Have your insurance benefits ever been used for your denture(s)?  YES  NO
2. Will this be your first denture/partial?  YES  NO - If NO, what is the Placement Date of **Existing** De nture(s)/Partial(s): \_\_\_\_/\_\_\_\_/\_\_\_\_
3. What was previously made? (Full or partial – Upper or Lower – Flipper) \_\_\_\_\_

### For Internal Use:

If partial Dentures, what are missing teeth already? \_\_\_\_\_

Teeth Numbers to be Extracted? \_\_\_\_\_

Copy of insurance card if available (make sure *Dental* Insurance)

### Primary Insurance

Policy Holder's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Policy Holder's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_  
MM DD YY

Insurance Co.	Address & Phone	Group #	ID#

### Secondary Insurance

Policy Holder's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Policy Holder's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Insurance Co.	Address & Phone	Group #	ID#

## PATIENT RESPONSIBILITY

Insurance is NOT a guarantee of payment. Your insurance coverage and benefits are your responsibility.

**YOU ARE RESPONSIBLE FOR ALL CHARGES WHETHER COVERED BY INSURANCE OR NOT.**

\_\_\_\_\_ I have received the Bellingham & Lynden Denture Clinics Insurance Policy

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

## **Bellingham & Lynden Denture Clinics - INSURANCE POLICY** **PATIENT COPY** *(signature of acceptance is on green form)*

Bellingham & Lynden Denture Clinics is a denturist office, not a dentist office. We are **NOT** contracted or in-network with **ANY** insurance company and, therefore, we do not have any information on your insurance coverage without a Pre-Treatment Estimate.

**AS A COURTESY**, we will request a Pre-Treatment Estimate from your insurance company. They have 30 days to get us the estimate, and it is not a guarantee of payment.

If there is a problem getting the Pre-Treatment Estimate from your insurance company, we will make at least one attempt to clear up any issues. If the Pre-Treatment Estimate still does not come through, then it will be *your responsibility* to work with the insurance company to get the Pre-Treatment Estimate -OR- we will gladly accept payment in full from you and bill your insurance after the treatment is completed.

Things to know about most insurance:

- **Deductible**: If you have a deductible, this is the amount that will be deducted off the first claim of your benefit year. This is a one-time, annual deduction - not for every procedure.
- **Annual Maximum**: Your insurance has a maximum amount they will pay out each benefit year for your dental expenses. Your benefit year is not always the same as the calendar year.
- **Percentage of Coverage/Allowed Amounts**: Each insurance has their own fee schedule. They pay claims based on a percentage of that fee schedule, not the amount that is billed, and they will only pay up to the annual maximum (or the amount that is remaining of the annual maximum).
- **Pre-Treatment Estimate**: The estimate is only accurate as of the day it was processed. Any dental work billed at any office *after the estimate date* can affect the amount available (of the annual maximum) for payment towards our treatment.
  - If there is a patient balance after your insurance pays, you are responsible for paying that balance. If the insurance pays more than the remaining balance, we will reimburse that amount to you.
- **Exceptions**: Some insurance companies will only pay to the patient or subscriber. In this case, you will need to pay in full for your treatment, and we will bill the insurance after treatment is completed. You typically will receive a check directly from the insurance company.
  - There are a few insurance companies that will not work with denturists, not even for a Pre-Treatment Estimate. In these cases, patient will be responsible for charges, and once balance is paid in full, we will provide you with a statement to submit for reimbursement from your insurance company.

**YOU ARE RESPONSIBLE FOR ALL CHARGES WHETHER COVERED BY INSURANCE OR NOT.**