



OUR OFFICE AND YOUR INSURANCE PLAN – HOW THEY WORK TOGETHER

We are pleased that you have dental insurance benefits to help you with the cost of your dental care. We would like to help you obtain the maximum use of your benefits. With this in mind, please read the information on our insurance claims process so that we can work together to ensure this benefit. Please remember that dental insurance is a contract between your employer and the dental insurance company.

DO YOU ACCEPT MY INSURANCE? HOW MUCH WILL THEY PAY?

We currently participate with several insurance plans but work with all insurance companies. If we participate with your insurance company we will estimate all co-payments. These co-payments will be affected by deductibles and treatment received from other dental providers. How much your insurance company pays is dependent on these factors and any other limitations of your specific insurance policy.

If we do not participate we require payment at the time of service. We will submit all insurance claims, including any photos or documentation so that you may be reimbursed in a timely manner. Most insurance companies now accept electronic claims, which significantly expedites the process.

WHAT HAPPENS IF MY INSURANCE DOES NOT PAY?

Our goal is to achieve optimal dental health, which is not necessarily the goal of your dental insurance company. Ultimately **you** are responsible for all charges incurred in our office.

FINANCIAL OPTIONS

Financial arrangements are made before treatment is started. We accept cash, check, VISA, MasterCard, Discover and American Express. If you wish, you may arrange a loan through a third party finance company (Care Credit).

We welcome you to our practice and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant, please do not hesitate to inform any of our staff members.

I have read, understood and accepted the terms of the above outlined policies for insurance handling and financial commitments that I may incur as a result of treatment at our office.

X _____

Signature

_____ **Date**

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