Wilsonville Dental Group, PC
29292 SW Town Center Loop E
Wilsonville, OR 97070
(503)682-0431

POLICY STATEMENT FOR PATIENTS WITH INSURANCE

To Our Patients with Insurance:

We are pleased you have insurance if it helps you afford the dentistry you want and need. However, a few words of caution. We recommend treatment based upon your unique wants and needs, not upon what your insurance will pay. Your insurance carrier has a contract with you and/or your employer and they reimburse you for your dental services according to their contracted policy, regardless of what your dental needs are. As a service to our patients, we will help you get the maximum benefit from your insurance carrier, but you are personally responsible for all services provided by Wilsonville Dental Group, whether your insurance pays or not. As your provider, we can estimate your insurance coverage, but assume no responsibility for what they will actually pay. If your insurance carrier pays differently than anticipated, we will reimburse or bill you accordingly.

If your insurance carrier has not paid within 60 days of our billing, there will be a finance charge on any outstanding balance. Any unpaid balance remaining after 60 days will be charged directly to you and it will be your responsibility to get reimbursement from your insurance carrier. We will take every step necessary to receive payment from your insurance company in a timely manner.

I understand the above and agree to pay in full all charges not covered by my insurance.

_____ _____

Patient Name Date

_____

Signature (patient, guarantor or responsible party)

Primary Dental Insurance: _____

Address: _____

Phone: _____

Subscriber: _____

Subscriber ID #: _____ **Subscriber Date of Birth:** _____

Subscriber relationship to the patient: _____

Secondary Dental Insurance: _____

Address: _____

Phone: _____

Subscriber: _____

Subscriber ID #: _____ **Subscriber Date of Birth:** _____

Subscriber relationship to the patient: _____