

Cornerstone Family Dental
Financial Policy for Insured Patients
for patient: _____

Our office wants to help you maximize your insurance benefits so we are glad to file dental claims on your behalf. This means as long as you provide all the information we request, then we will handle the paperwork for you.

Subscriber's name _____ Subscriber's SSN _____

Subscriber is (circle): Self Spouse Parent Other Subscriber's DOB _____

Employer _____ Group number _____

Dental Insurance Company _____ Member ID _____

***Please provide your dental insurance card so we may make a copy. ***

Fill out the following ONLY if the patient is covered by a second dental plan

Secondary Subscriber: Self Spouse Parent Other SSN _____ DOB _____

Subscriber's name _____ Member ID _____

Dental Insurance company _____ Employer: _____

- I hereby authorize and direct payment of the dental benefits otherwise payable to me to be paid directly to Cornerstone Dental Group.
- I agree to be responsible for all charges not paid by my dental plan unless prohibited by law. To the extent permitted by the law, I consent to Cornerstone Dental Group's release of protected health information to my insurance company/adjuster in order to process my claims.
- I understand my insurance plan is an agreement between me and my insurance company. I also understand if I have a group plan that it is the employer who determines how comprehensive the dental coverage is.
- I understand that any unpaid insurance balances after 90 days become my responsibility.

Unless your dental policy specifies 100% coverage for a given service, then there is an out of pocket portion due at the time of service which can be paid by cash, check, credit/debit card, or CareCredit. We're glad to provide an estimate of fees prior to your appointment if you call in.

Patient Signature (Parent or Guardian if patient under 18)

Date

Note: Keeping appointments is vital. If appointments are missed with no notice or less than 24 hours notice, we consider it a "failed appointment." Less than 24 hours notice is subject to a \$35.00 fee. Failing more than one appointment means we may ask the patient to seek care at a different office.