

Kent Family Dental Care

Patient Registration & Insurance

Last Name	First	Female () Male ()	Birth Date	SS #	Marital Status
Address	Apt #	City	State	Zip	
Home #	Work #	Cell Phone #	E-mail		
Emergency Contact	Relationship		Phone #		
How Did You Hear About Our Office?					

Kent Family Dental and Your Insurance Plan – HOW THEY WORK TOGETHER

The team at Kent Family Dental is pleased that you have dental benefits to help with the cost of your dental care. We would like to help you obtain the maximum use of these benefits. With this in mind, please read the information on our insurance claims process so we can work together.

Do You Accept My Insurance? How Much Will They Pay?

We currently accept most private care insurance plans, which means we work with literally thousands of companies. Although we maintain computerized histories of payments by a given company, they do change, therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is, **ONLY AN ESTIMATE**. We will be happy to file a "pretreatment authorization" with your insurance company prior to treatment upon request. This does delay treatment but will give you a more accurate out-of-pocket figure.

I Thought I Paid My Portion, But I Got A Bill, Why?

We base the patient portion on your bill on our most current data, but there are many factors that can affect this estimate. There may be a deductible (individual or family) or you may have received treatment in another office prior to joining our office, which is not calculated into our database. Sometimes you may need to see a specialist for care, which also uses your annual benefit. Insurance companies and employers do not notify us of changes to your benefits, they can only notify you. If these situations apply to you, please let us know when we estimate your treatment plan, so we can adjust accordingly.

Insurance Didn't Pay Now What?

We bill your insurance as a courtesy. If insurance does not pay within 90 days, Kent Family Dental reserves the right to request payment in full from you, and let you collect the insurance funds that are due to you. This is rare, but it is important that you recognize the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be part of that legal contract. Ultimately, you are responsible for all charges in our office.

PRIMARY DENTAL INSURANCE COVERAGE

Subscriber/Policyholder Name		Relationship To Patient	
SS#	DOB	Employer Name	ID#
Insurance Company Name			

SECONDARY DENTAL INSURANCE COVERAGE

Subscriber/Policyholder Name		Relationship To Patient	
SS#	DOB	Employer Name	ID#
Insurance Company Name			

I have read, understand, and accept the terms of the above outlined policies for insurance handling and financial commitments that I may incur as a result of treatment at Kent Family Dental.

Signature: _____ Date: _____