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Insurance Policy

As a courtesy to our patients, we do file your insurance for you. However, it must be stressed that your insurance is a contract between you, your employer and the insurance company. We are not a party to this contract unless you are a member of a PPO group in which the doctor participates. In such cases, we will handle your claims according to our agreement with the insurance company, if one exists. While we will do our best to help you receive your maximum benefits, we will not become involved in disputes between you and your insurance company regarding covered charges, secondary insurance, reasonable and customary determinations, etc. Not all services are covered by your plan and every plan is different. If you have questions about your benefits, please call your insurance company. It would be helpful for you to know your anniversary date, annual deductible and annual maximum.

You are expected to pay the estimated portion of your fee at the time services are rendered. However, this is only an estimate – if there is any difference after your insurance pays, we will send you a statement.

You are responsible for the timely payment of your account. If your insurance company has not paid your claim in full within 60 days, the balance and all follow-up with the insurance company becomes your responsibility. There will be a \$20.00 service charge on all returned checks. As a reminder, after 90 days we assign all accounts over to a collection agency for processing.

I hereby authorize payment of dental benefits otherwise payable to me to be paid directly to Children's Dentistry of Council Bluffs. Furthermore, I realize that I am ultimately responsible for payment.

If you understand the above and all of your questions have been answered, check here:

Name: _____ Date: _____