

Mayhew & Smith Dentistry
Dr. Emily Mayhew & Dr. Ted Smith
Insurance Policy

Dental Insurance

- **It's important to remember that your insurance coverage is a contract between your employer and your insurance company.** Benefits and coverage vary significantly from plan to plan depending upon what your employer has agreed to with the insurer. Please keep in mind that insurance is not designed to provide 100% benefit, but rather is meant to *assist* in the cost of dental care.
- **To avoid surprises on your bill, it is important to understand what your insurance will cover, and what you will need to pay out of pocket.** Dental benefits should not be confused with the dental services you need. You and your doctor determine what dental services you need, even though the insurance company may not always agree. Remember, the doctor, not the insurance company, is actually diagnosing your problem.
- We participate and are considered **“in-network” with Highmark Blue Cross/Blue Shield, United Concordia, Guardian, WV Medicaid (under age 21) and WV CHIP.** We are not “in-network” with any other insurance companies, however, we do submit claims for other companies and receive payments.
- **As a courtesy to our patients, we are happy to submit your claims for services.** In order for us to do this, you must provide us with accurate and up-to-date insurance information.
- **At the time of your appointment, we will estimate your co-payment and in some cases the insurance portion. This may or may not be what the insurance company will actually pay.** Your plan may base its dollar allowance on a usual and customary fee schedule, which may not coincide with current fees in our area. We'll do our best to help you receive maximum benefits. Ultimately, patients are responsible for all balances incurred for services received.
- **We will wait 45 days for insurance claims to be paid.** After 45 days if payment has not been made, you will be asked to pay the balance and seek reimbursement from your insurance company.
- If you are a carrier of more than one dental insurance plan, please note that **we are happy to submit to the primary and secondary insurance companies.** Any additional insurance submission must be handled by the policy holder.

I, _____ have read, understand, and agree to the above stated policy regarding dental insurance.

Signature: _____ Date: _____

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