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Dear Patient,

As a courtesy to our patients, we file insurance claims for dental services performed in this office. It is important to remember that as your dental office, we can only file claims on your behalf. The benefits belong to you, the patient. It is up to you, the patient, to ensure that appropriate reimbursement is being received under the terms of your plan.

Employers purchase dental insurance for their employees to supplement the cost of care. Unlike medical insurance, most dental benefits **do not** cover the full cost of care. You, the patient, will be financially responsible for any services provided that are not covered by your insurance company, and for any fees that are above the amount payable by your benefits program.

There may be times when claims for what appear to be clearly covered procedures are denied. Since you are the insured individual, and our office does not have a contractual agreement with your insurance carrier, you are responsible for appealing the claim and paying any outstanding amount that is not covered by your dental benefits plan. As your dentist, I will provide you with an accurate statement of services rendered or treatment proposed and will work with you toward a resolution. In cases where conflicts arise over reimbursement, denial of claims or proposed treatment, or other administrative problems, for a service that appears to be covered by your dental benefits plan, I recommend that you involve the employer (or other plan purchaser) in order to find an appropriate solution. If legal action is required to obtain payment of the amount owed, I, the patient further agree to pay any and all legal fees and costs as well as interest accrued for accounts over 90 days. If a payment plan is set up for me, I the patient, agree to have any missed payments put on my credit card to keep my account in good standing.

I have read and fully understand this notice regarding my dental account.

Date _____ Signature _____