



Smile Center
ORTHODONTICS
INSURANCE POLICY AGREEMENT

Thank you for choosing Smile Center Orthodontics, the office of Dr. Renata Regalado, for your orthodontics needs. Please note that insurance estimate is not a guarantee of payment; we attempt to verify your insurance coverage as a **courtesy** to you, and we make **estimation** of your expected cost based on this information. Sometimes insurance estimates are not accurate (for example, without limitation, sometimes insurance cannot be verified in advance, information provided may be incorrect, or an insurance carrier may later refuse to honor your insurance claim). We are not responsible for your insurance company's failure to pay the claim, and you are ultimately responsible for all charges that are not paid by your insurance, whether or not you expected that they would be covered, and whether or not such expectation resulted from information you received from us.

As a courtesy to you, we will assist in filing insurance claims for up to **2 insurance companies** so that you might receive the full benefit available from your insurance coverage. After those 2 we will provide you with a blank claim form for you to fill out and file yourself. **YOU** are ultimately responsible for knowing your policy and the provisions, such as, waiting periods, treatment in progress stipulations, medical necessity, or non- duplication clauses. We permit you to use your orthodontic benefit to lower your portion of the cost of orthodontic treatment, rather than paying the full fee up front and waiting for reimbursement from the insurance company. This allows you the financial freedom of paying only your part of the treatment fee while we accept direct payment from your insurance company to our office. In relieving you of this financial burden, we allow ourselves to be very vulnerable to the insurance companies; therefore, we have set some guidelines and limitations which must be adhered to.

Policy Individuality: Smile Center Orthodontics cannot be held responsible for knowing all the specifics and requirements of all insurance companies we deal with. It is **YOUR** responsibility to become familiar with your own policy. If there is a distinctiveness/restriction about your insurance company of which you did not inform us, and it results in an underpayment of estimated benefits, we will not be held responsible, and the unpaid portion will be applied to your portion of the account and the contract will become your full financial responsibility.

Change in Benefits, Eligibility or Carrier:

- At any point in treatment, if you change jobs, or become ineligible for orthodontic benefits, you must notify us within 30 days of this change and we will average any remaining benefits originally anticipated into your monthly payments.
- Any unpaid insurance balance becomes the patient's responsibility. At any point in treatment, if your employer changes insurance carriers, you must notify us within 30 days. If the new policy has orthodontic benefits, you must forward a new insurance benefits form to us so that we may file a claim with the new carrier. Failure to provide correct and current insurance information within 30 days of any changes will result in the transfer of any insurance balances to the patient account. After 30 days we will no longer submit claims to your insurance, this will become your sole responsibility, and we will be happy to provide you with a blank claim form for you to file. If the new policy does not have orthodontic benefits, we will be averaging any remaining benefits, originally anticipated into your monthly payments.

Insurance Request:

When/if the insurance company sends a request for additional information it is the patients responsibility to follow up and respond to their request. Such requests include proof of college status (full time student), proof of continued enrollment, and proof of primary/secondary insurance status. Failure to provide the insurance company with this information may result in nonpayment of your insurance portion.

Intentional or Unintentional Withholding of Benefits:

Since benefits are assigned directly to this office, and the insurance company sends a check directly to you in error, we will hold you responsible for immediate and complete reimbursement. Should you receive a check from your insurance company, mail or bring it with you to the office. Do not deposit it or cash it. Any attempt to withhold insurance funds received by you in error will result in immediate termination of insurance filing on your behalf and we will hold you directly responsible for the balance of the payments due.

Miscellaneous:

- At the conclusion of treatment, if the insurance company has not paid the entire benefits available, we will hold you directly responsible for payment of your entire account before orthodontic appliances are removed. Certain times treatment finishes early, so the insurance company limits its payments. You are responsible for the balance.
- At any point in treatment, if the insurance company becomes uncooperative in claim filing or non-compliant with payment of benefits, we reserve the right to discontinue filing with that insurance company on your behalf and will look to you for payment of the remaining balance and you will have to settle with your insurance company. We will provide you with the necessary claim forms so that you may file for reimbursement.
- In the case of divorced or separated parents, we do not split contracts, if the insurance company issues payment to the non-custodial parent, and it is not brought in for payment to our office the responsible party, person who signed the financial contract, will become responsible for immediate and complete reimbursement of that amount to this office, as we do not split contracts.

*You will receive an Explanation of Benefits from your insurance company:

Explanation of Benefits (EOB): Upon payment of your orthodontic claim, your insurance carrier may mail you an EOB explaining the payment, contractual adjustment (discount applied for contracted carriers) and the amount owed by the patient/ guarantor. If you have not received an EOB within thirty days from your date of service, please contact your dental insurance carrier.

*If your policy obligates a Co-pay or Deductible you are responsible for that balance:

Insurance Co-pays & Deductible: Your insurance co-pay and deductible will be determined by your dental insurance carrier based on the benefits, as stated in your policy. Federal and State insurance regulations prohibit our office from discounting or waiving your assigned deductible. If you have questions regarding your deductible, please contact your dental insurance carrier by calling the benefits member service telephone number on your insurance card.

In order to provide all of our patients with affordable orthodontic care we cannot be your insurance advocate. If you have questions regarding your benefits, eligibility, insurance disputes, or specific individual policy questions please contact your human resource department or member services. If you need to update your account information please email stephanie@smilecenterorthodontics.com. This is the only form of communication we will accept due to the time constraints of insurance filings.

Insurance benefits are based on an estimate and it is the patient/responsible party who is ultimately responsible for the entire balance of the contract. I, _____, fully understand the conditions of the Insurance Policy Agreement and agree to abide by the limitations set forth. I also fully understand that I have a primary duty to pay Dr. Renata Regalado, and that I am responsible for the entire orthodontic fee. I hereby authorize payment directly to Dr. Renata Regalado.

Name of Patient (Please Print)

Signature of Responsible Party

Date