

# Thomas Salinas, DDS

## INSURANCE POLICY

Dental insurance coverage is a nice benefit to have. Please understand that your insurance policy is a contract between you and your insurance company.

Our professional treatment is rendered to you, not to the insurance company.

We do not accept secondary insurance, but will be glad to provide you with this information needed to file it on your own.

Please remember that we are not responsible for determining what your particular benefits are. Each policy is unique and often complicated in that it has many exceptions and limitations. Most plans cover what they consider to be a "usual and customary fee". However, the insurance company establishes these fees to reflect their needs, and rarely are they the same fees that are charged in your Dental office.

We must have a complete and signed insurance form, and a copy of insured members card.

Any insurance balance over 30 days old is delinquent and is your responsibility to remit.

**Over Please**

Policy Holders Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

Group # \_\_\_\_\_ Plan # \_\_\_\_\_

Telephone \_\_\_\_\_

Policy Holders Employers Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**ASSIGNMENT OF BENEFITS**

I authorize payment of dental benefits to the named provider for professional services rendered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I authorize payment of dental benefits to myself for professional services renders.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RELEASE OF INFORMATION**

I authorize the release of any dental information necessary to process this dental insurance claim.

Signature \_\_\_\_\_

Date \_\_\_\_\_