



Welcome to Family Dental Group!

Dear Patient,

Our Office is pleased to have the opportunity to serve you. Our primary mission is to provide you with quality; cost-effective dental care, Together, we (patients and dentists) are trying to adapt to the changing way that healthcare is financed and delivered. The following letter outlines some of the financial and procedural steps required by your insurance.

Payment Guidelines:

- We must collect for services rendered at the time of service unless other arrangements have been made in advance with our office.
- We accept Cash, Checks, Money Orders, Care Credit, and Credit Cards (Visa, MasterCard, American Express, Discover).
- The remainder of your bill will be sent to your insurance company for payment to our office.
- If your insurance company remits this payment to you, please send it to us along with all paperwork sent to you. Please do not send payment back to the Insurance company.

When to Present Insurance Card?

Please present your insurance card at your first visit to our office as well as bring to our attention any changes (new card, new group number, etc.) since your last visit. This protects you from paying a bill because we had the wrong insurance information. There is a narrow window (30-45 days) to present an accurate claim to the correct Insurance company. Failure to do so could mean the claim may be denied. In addition, if you have secondary Insurance, it will be filed on your behalf as courtesy. However, if we have not received payment from your secondary insurance in a timely manner, the balance will become your responsibility.

Insurance Company Denies Payment?

Sometimes your insurance company will refuse payment of a claim for some of the following reasons:

1. This is a pre-existing condition that they do not cover.
2. You have not met your full calendar year deductible.
3. The type of dental service is not a covered benefit under your plan.
4. The insurance was not in effect at the time of service.
5. You have other Insurance which must be filed first.
6. You have exceeded your maximum dollar amount for the year.
7. Additional information is required from your end to process the claim (e.g. transcripts).
8. Frequency limitations have been reached (please inform us of any dental procedures done in any office other than ours within the last year and any x-rays within the last 5 years).

If your insurance company denies your claim for any of the above reasons or for any other reasons, our office cannot be responsible for this bill. It is your responsibility to pay the denied amount in full.

We value you as a patient and are eager to serve you! Our first priority is to provide you with the best dental care possible. If you would like to contact our billing/insurance coordinator you may reach them at (903) 454-0918.

Sincerely,

