

DO YOU KNOW YOUR DENTAL INSURANCE BENEFITS?

Information **YOU** are responsible to know:

- Waiting periods
- Replacement rule
- Missing tooth clause
- Provisions or Limitations
- Coverage period
- Amount of maximum and balance remaining

Information **WE** are responsible to verify:

- Eligibility
- Co-payment
- Co-insurance percentage
- Deductible
- Yearly Maximum
- Participating Provider

It is **OUR** responsibility to file your dental insurance claim(s) and follow up on payment from your dental carrier.

It is **YOUR** responsibility to know your policy detail and what it states regarding exclusions, waiting period, missing tooth clause, frequency limitation and replacement rules.

We make every effort to verify you are eligible for dental care; however it is only a confirmation of benefits and not a guarantee of payment. As a courtesy, we will file your dental claim(s) in good faith the insurance carrier will pay for the services provided.

☐ I have read and understand that if my insurance company denies or does not pay my claim(s) in full, Stonecrest OMS will hold me financially responsible for any outstanding balance(s).

Signature: _____ Date: _____