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**2265 W Green Oaks Blvd**

**Arlington, TX 76013**

**817-496-7899**

[**www.macalikdds.com**](http://www.macalikdds.com)

**Insurance and Financial Policy**

As a courtesy to you, our office is happy to help you process your dental benefits. We will do everything possible to help you understand and make the most of your dental benefits. We realize that dental benefits are complex and that it is extremely difficult to understand how to work with certain dental benefit companies. As a result, we will provide full assistance to you. Should you receive an Explanation of Benefits in the mail, we ask that you call our office FIRST, before you contact your dental benefits provider so we can help you better understand.

Dental benefits coverage is usually limited to a portion of the fee agreed to by you and our office. The benefits that you will receive are based on the terms of the contract that were negotiated between your employer and the dental benefits company. Unfortunately, some of the services that you may need will not be covered by your dental benefits. Or goal is to help you achieve and maintain optimal dental health, which is not necessarily the goal of your dental benefits company. Our office is NOT contracted as a provider for ANY insurance company due to the limitations they attach to treatment, regardless of the diagnosis. Our commitment is to you, our patient, not to the insurance company.

Our office will complete and submit dental benefit forms to the benefit company to achieve the maximum reimbursement to which you are entitled, however insurance is not a guarantee of payment. Our office strives to get the most comprehensive information when we speak with your insurance company, however the person we speak with may not always give the correct information. We will work diligently to complete the process as quickly as possible. If after 45 days, your insurance hasn’t paid, the balance will be due in full by you.

Payment is due at the time services are rendered. At the time of your visit, we will collect their percentage that your insurance says they will NOT cover along with any deductible owed. We are limited by the information your insurance company tells us, therefore, the amount we are collecting is just an estimate.

Our office will provide you with a treatment plan based on your dental needs as determined by Dr. Macalik. Your insurance may not cover all the recommended treatment and this plan will only be an estimate.

I authorize payment of benefits directly to the provider. I authorize the release of all necessary information to the insurance carrier and their representatives. I agree to be financially responsible for items not covered by the insurance carrier. I acknowledge that I have read and understand the above policies.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or guardian, if patient is a minor)