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P H O N E : 5 1 2 - 8 0 5 - 4 8 6 7 F A X : 5 1 2 - 8 0 5 - 4 8 6 6

Courtesy Insurance Billing Information

As a courtesy to our patients, we are more than happy to file insurance claims for you. In order for us to bill your insurance company accurately, you will need to provide us with a copy of your insurance card and billing address for them. We make every effort to verify and estimate your benefits accurately, *however, should your insurance fail to pay or pay less than what was estimated, the balance of your account will be your responsibility.*

If you have a percentage co-insurance payment, please be aware that the amount you are paying at each visit is **only an estimate**. We do not know the exact amount of your co-payment until payment has been received from your insurance company. You may receive an additional bill if we have received less than the amount expected from your insurance company.

You may become responsible for your bill if:

- Claim is returned based on the information you or your insurance company provided us.
- Our office provides composite fillings (white) and some insurance policies downgrade to amalgam fillings (silver). You will be responsible for the difference in cost.
- You are not sure which insurance company has primary responsibility for payment.
- You do not inform us promptly (within 24 hours of service) of changes to your insurance plan.
- Your eligibility or pre-authorization for services has expired and you elect to continue treatment.
- Your insurance company determines that in their opinion treatment was not necessary.
- An authorization is revoked by your insurance.
- If your insurance policy has waiting periods under your plan for basic or major treatment procedures.

Patient's Name: _____

Patient/Legal Guardian Signature: _____ Date: _____