CORNERSTONE
FAMILY DENTAL

Financial Policy for Insured Patients

Our office wants to help you maximize your insurance benefits so we are glad to file dental claims on your behalf. This means as long as you provide all the information we request, we will handle the paperwork as a courtesy to you.

Patient Name:

Subscriber Name: _____ Subscriber SSN: _____

Subscriber is (circle) self spouse parent other Subscriber DOB: _____

Employer: _____ Group Number: _____

Dental Insurance Company: _____ Member ID: _____

Please provide your dental insurance card and drivers license so we may make a copy

Fill out the following ONLY if the patient is covered by a second dental plan

Secondary Subscriber Name:_____ Subscriber SSN: _____

Subscriber is (circle) self spouse parent other Subscriber DOB: _____

Employer: _____ Group Number: _____

Dental Insurance Company: _____ Member ID: _____

Please provide your dental insurance card and drivers license so we may make a copy

- I hereby authorize and direct payment of the dental benefits otherwise payable to me to be paid directly to Cornerstone Family Dental Group.
- I agree to be responsible for all charges not paid by my dental plan unless prohibited by law. To the extent permitted by the law, I consent to Cornerstone Dental Group s release of protected health information to my insurance company/adjuster in order to process my claims.
- I understand my insurance plan is an agreement between me and my insurance company. I also understand if I have a group plan that is the employer who determines how comprehensive the dental coverage is.
- I understand that any unpaid insurance balances after 90 days become my responsibility.

Unless your dental policy specifies 100% coverage for a given service with no deductible, then there is an out of pocket portion due at the time of service which can be paid by cash, check, credit/debit card or CareCredit. We're glad to provide an estimate of fees prior to your appointment upon request.

_____ _____

Signature of patient/guardian Date:

Office use only. Called ins co, effective date:	Initials:

1604 Missouri Ave
Carthage, Missouri 64836
417-358-7212 417-358-4222 (fax)
cornerstonefamilydental.com