

# DR. PHILIP SOBO, DDS, P.A.

## Important facts concerning your insurance

We realize that many of our patients have dental insurance and may be receiving benefits for the first time. Please be aware that this benefit coverage is an arrangement between your employer and the insurance company. We have no input in what your policy may pay on current dental fees.

Unfortunately, the amount of money many plans pay is not reflective of current dental fees necessary to maintain the expert dental care you deserve. For example: your company's dental plan may state payment at 100% for a specific dental procedure, when they will actually only pay 90% of the amount needed to cover the actual cost for the treatment. Since you expect 100% from us for the best dental care, we have to have payment at 100%.

You will be expected to pay any fees we estimate that your insurance will not cover at the time of service and also, please be aware:

1. You are expected to pay anything your insurance does not pay.
2. If you have been to another dentist you may have already met your maximum allowed from your insurance for the calendar year BEFORE my estimate, therefore you must understand that you are responsible for the entire balance at the time of service.
3. If accepted needed treatment exceeds your insurance annual maximum you are responsible for the difference.
4. If you are a first time dental patient in for an emergency visit, payment in full is due at the time of treatment. Your dental insurance will be filled as a courtesy to you and the payment will come back to you.
5. Any balance over 30 days old will accrue an 18.5% APR Finance charge.

Our staff will be happy to review your coverage and give you an estimate of your portion of any treatment prior to dental services. Once again, this is only an estimate. You are responsible for the full payment.

As a patient benefit, we will be happy to file your insurance for you. In order for us to properly submit your claims we must have all the current information concerning the employee, insured, and the company. This needs to be updated at every visit to assure speedy processing and proper handling of your claim.

I have read and understand the above information and accept this policy. I further agree that I am responsible for all sums due to Philip M. Sobo, DDS, P.A. including but not limited to the estimated co-payment amounts or any and all funds not covered by dental insurance. I agree further, that after insurance has been filed I will pay any balance still due owing within thirty (30) days of the final insurance denial, partial payment or payment.

\_\_\_\_\_  
(Seal)

Signature of Responsible Party

\_\_\_\_\_  
Date