

Curet & Lampley, D.D.S., PC

Policy, Authorization and Release

Due to "HIPPA" Laws that are enforced today, it is impossible to keep accurate information on every insurance company. Today, individual insurance companies have their own policies and do not share patient policy information with dental providers. We file insurance claims on your behalf when services are rendered. We respond to all requests from your insurance company within twenty-four hours of notice. Our office uses the latest American Dental Association codes and is bound by law to use them. Even when the above is followed exactly, insurance companies routinely state they did not receive a submitted claim. They also tell policy holders that dental claims were filed with incorrect coding or that the dental office did not answer their requests. It is not logical for us to delay insurance correspondence and risk making our patients unhappy.

Once we have filed your dental claim with all pertinent information, we have no recourse if your insurance company denies or delays payment. If there is a problem with your claim, you dealing with your insurance company directly will yield more positive results. We will be glad to help/assist you with insurance problems. However, if you have problems with your claim, Insurance companies have forty-five days to respond to a claim. We will withhold finance charges for sixty days before posting them to each account.

I directly assign all dental/surgical benefits to Dr. Curet or Dr. Lampley, and I understand that I am responsible for all charges not covered by my insurance. I hereby authorize the doctor or staff to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original. I also give authorization to forward my records to another office if needed.

It is customary that payment of charges (copays, no insurance or if your insurance pays to you) be made on the day your service is rendered, unless prior arrangements have been made in advance. I understand that I am responsible for my account regardless of insurance coverage. In the event of non-payment from my insurance or me, I/we agree to pay all costs of collection, including a reasonable attorney's fee if deemed necessary to employ an attorney to enforce any provision of this contract. I/we further agree to waive my/our rights of exemption under the laws of the State of Alabama or of any other state. I have read both sheets and agree to abide by all policies and regulations. Please ask if any questions about insurance, we will be glad to help with what we can. There are instances when your insurance will only talk with the covered employee/subscriber or member. You are responsible for knowing your insurance coverage, we do try to help you with your insurance as a courtesy, you are responsible to provide the correct information for us to file your insurance claims and retrieve your benefits. We are PPO providers for Aetna and Delta Dental Premier. We do file claims to all insurance companies for you, provided you can give us the information and authorization to do so. Signature below serves as understanding and authorization to file insurance on your behalf, to all entities/companies needing your personal information. Parent/Guardian will sign for children or dependents.

Signature _____ Print Name _____

Date ____/____/____ Staff Witness _____

Curet and Lampley D.D.S.

Non Covered Routine Services Policy

As your doctor, we want to provide you with the best possible dental care. There may be certain preventive dental services that I feel are necessary for the maintenance of good health that is not covered by your insurance contract. For example, I may order a periodontal evaluation or a fluoride treatment that may not be covered by your contract. Let me reassure you that I will request only those that I feel are necessary for your treatment and care. If you have any questions about your contract such as whether a particular service is covered or not, please contact your insurance company or your employer's human resources department. There is a \$50 Fee for missed appointments or changed appointments without a 48 hour notice.

Some Examples of Possible Non-Covered Services

Nitrous Oxide analgesia

Sealants for patients over twelve years old

Pre-existing conditions, waiting periods, limitations, exclusions, age, etc.

Fluoride treatments for adults, some contracts will cover some will not

Certain cosmetic procedures including bleaching

Replacement of teeth that were missing before the policy effective date

Some insurance companies are penalizing patients if a single tooth needs more than one restoration within 2-5 years. For example, insurance will not cover the procedure if placing a large filling first and later it needs a crown, the crown would not be covered in that time limit.

Crowns, bridges, dentures, partials are covered once in a 5 to 10 year period

If your insurance is a PPO plan and does not cover any services outside of their network, or pays less due to limitations such as age, dates of service from previous placement of treatment or exclusions of procedures in your specific contract.

If certain procedures are needed and done at the same visit, insurance contracts have exclusions and limitations that are not covered due to the benefit restrictions.

Please ask if you have any questions.

Signature_____

Childs name (if child)_____