Bristol Park Dental
dental insurance information

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As a courtesy to our patients, we are happy to file insurance claims on your behalf. We will make every reasonable effort to collect proposed covered amounts from your insurance company to reimburse our patients for out-of-pocket costs. **Deductibles and non-covered amounts for hygiene are due on date of service.**

At Bristol Park Dental, our only contract concerning your dental health is with you. We will perform a thorough, comprehensive exam to determine your needs. We are dedicated to helping you understand your current level of dental health, your treatment choices, and the consequences of those choices. Once you have that information, you can choose what is best for you. Because our obligation is only to you, once you have made your treatment choices, there will be no compromise in rendering it. Regardless of the type of plan you participate in, we still assist you with filling your claims. As your dental healthcare advocates, we will provide any documentation required to your dental plan so that you may receive the re-imbursement you are entitled to. We are, however, powerless to influence plan benefits negotiated between your employer and the insurance company.

Please be advised, we are not participating providers with some insurances. Our first and only priority is our patients and the quality of care, not the negotiation of benefits between the insurance company and your employer. Dental insurance is really a method for employees to receive “tax free benefits.” Rather than insurance it is more accurate to refer to them as dental benefit plans. The “benefits”, however, have become more restrictive and the maximum limit set in place in the 1970’s are the same today! Many employers are not providing “FLEX” plans where employees may commit pre-taxed dollars into a fund that may be used in lieu of dental benefits. Limitations in coverage can take many forms from simply excluding necessary services altogether to what the industry refers to as the “LEAT” clause, which stands for “least expensive alternative treatment”. This clause allows the company to choose to pay the cheapest alternative treatment that they consider adequate rather than newer, technologically superior services. Benefits were once determined based on need, they are now based on specific contract terms between an employer and the insurance carrier. In plans that direct you to specific dentists, there is also a contract containing specific agreements between the insurance company and the dentist.

**The patient is ultimately responsible for all charges incurred that are not covered under plan benefits. The Insurance companies are required by law to pay within 30 days. After that, any unpaid claims will become the sole responsibility of the patient.**

I acknowledge I have read and understood the above dental insurance information.

**Patient Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**