BRADLEY N. ADKINS, DDS, PLLC
2319 GRACE AVE.
NEW BERN, NC 28562

Dental Insurance Identification and Policies

ADKINS DENTISTRY
DDS, PLLC

Policy Holder: _____
(First) (Middle) (Last)

Patient's Relationship: Self ☐ Spouse ☐ Child/Dependent ☐

Date of Birth: _____/_____/_____ Social Security #: _____
(Month/Day/Year) (Mandatory to file dental insurance claims)

Employer: _____ Insurance Company: _____

Policy #: _____ Group #: _____ ID #: _____

Do you have a secondary insurance policy? ☐ Yes ☐ No

We are happy to file insurance claims and assist you in obtaining the maximum benefits specified in your contract. You are required to bring your insurance card to your first appointment.

1. Your insurance is a contract between you, your employer, and your insurance company. We are not a party to the contract. We will do our best to *ESTIMATE* your coverage and file your insurance on your behalf. Not all dental services are necessarily covered under your dental insurance plan. It is essential that you read and understand your coverage with special attention to any preauthorization requirements, exclusions and waiting periods.

2. Our office policy states that you are responsible for your bill in total. The *ESTIMATED* patient portion of the fee is due at the time of service. *If a balance remains after we receive payment from your insurance carrier, we will notify you via mailed statement. Failure of your insurance carrier to reimburse our office within 60 days will result in our billing you directly for the remaining balance.*

3. We are committed to providing the highest quality dental care. Our treatment recommendations and the dental services we provide are in the best interest of the patient's health. The patient is responsible for payment in full regardless of an insurance company's arbitrary determination of treatment necessity.

4. Our participation in a Preferred Provider Organization (PPO) is a contract between this office and the PPO to provide dental services for the negotiated network fee schedule. Individual coverage and benefits will vary within the organization and are dependent on the contract between you, your employer, and the insurance company. While we guarantee our fees will never exceed the network fee schedule, we cannot be responsible for variances in coverage and benefits within the PPO. We are In-Network with the following dental insurance companies: DELTA DENTAL PREMIER, CIGNA, AND GUARDIAN.

5. Some insurance companies, specifically but not limited to Blue Cross and Blue Shield of NC, do not accept assignment of benefits, and will only send insurance payments directly to the patient. If your insurance does not allow for assignment of benefits, it will be necessary for you to pay treatment charges in full at the time of service.

6. If coverage changes for any reason, it is your responsibility to notify the office immediately.

By signing this form, you have read and understand our policy. Any denials or insurance payments less than estimated will be your responsibility. Payment will be due upon our billing cycle and is due in full. All estimated out of pocket fees and deductibles are due the day of treatment. Ask our office regarding our financial options before your visit, or if you have any questions regarding your insurance and our policy.

Signature: _____ Date: _____