

STANDARD OF CARE

This is a notice to inform you that some insurance companies have recently altered their methods of processing claims and have downgraded many procedures to alternate, less desired, treatment options or stopped payment for certain procedures although it is a covered benefit.

We, at Bellevue Dental Excellence, will continue to always put your general and oral health as a top priority. Your oral condition will be carefully examined and all clinical findings will be thoroughly explained to you utilizing both x-rays and digital photographs. The treatment plan derived will be one which we believe to be the best treatment option for your condition.

As a courtesy to you, we will submit the performed treatment claims to your insurance company.

As explained above, the treatment standards of insurance companies are not always what we at Bellevue Dental Excellence believe to be ideal nor optimal, therefore, if a submitted claim is denied, the cost of the rendered treatment will be your responsibility and will be due immediately following the claim denial.

We will assist you in every effort if you so wish to appeal your claim with your insurance company.

I, _____ understand and accept the cost responsibility.

Signature: _____ Date: _____