

Joyful Dental Care

6314 N. Cicero Ave. Chicago, IL 60646
(773) 736-7767 office@joyfuldentalcare.com

INSURANCE BILLING POLICY

We are anxious to help you receive your maximum allowable benefits from your dental insurance. As your dental care provider, we feel it is important that you understand that **our relationship is with you, NOT your insurance carrier**. We diagnose with your oral health as our primary concern, not your insurance coverage. While filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

We are happy to process your insurance claims. In order to do this, we require you to fill out and sign a statement that we retain in your file that authorizes us to submit claims and receive payment for services rendered. When your dental insurance carrier or coverage changes, we request you notify our office with your updated information. Delay of information costs our office money, and therefore overhead increases. It is your responsibility to let us know of any changes.

We will try to answer any questions you may have relating to your insurance. Please realize, however, that:

1. Joyful Dental Care is in network with: MetLife PPO, Delta Dental Premier, Delta Dental PPO, Blue Cross/Blue Shield PPO, Cigna PPO and Guardian PPO. We will need the social security number, birthdate and group number from the policy holder. If the policy holder is not the patient, we will need this same information for the patient as well in order to confirm active plan status and benefit levels.
 - o We will submit your claims electronically the day services are performed.
 - o Your copay, if any, will be required at time of service.
2. For all other PPO insurances, payments for services are required at the end of the appointment. We will submit your claims electronically the day services are performed to be reimbursed. Special payment plans may be made for services that surpass annual maximum benefits.
3. Although your policy may state that you have 100% coverage on either preventive or basic services, be aware that your annual deductible may still apply and 100% may be for an arbitrary fee set by the company.
4. Any information our office gives you regarding your insurance coverage is an estimate. We make these estimates based on information available to us. We are not responsible for any decisions regarding payments that the insurance carrier makes.
5. Almost all insurance policies have an annual maximum paid. Our office is not responsible for monitoring the amount of benefits used to date. It is your responsibility to check with your insurance carrier to determine what benefits remain on your policy for the current year.

Patient or Guardian Name (Printed): _____

Patient or Guardian Signature: _____ Date: _____