

Brenda R. Gentry DDS, PA

*302 N. Heatherwilde, Suite 100
Pflugerville, Texas 78660
Exceeding Expectations
(512)252-SMILe*

Our Procedure Regarding Dental Insurance

As a courtesy to our patients, we will be happy to complete and forward insurance forms relative to dental treatment, and we will do so without charge. However, in order to avoid misunderstandings, please read carefully and understand the following policies in regards to dental insurance benefits.

Regarding Insurance Contracts:

1. Your insurance is a contract between you, your employer, and the insurance company. ***We are not a party to that contract.***
2. Please understand that the amount to be paid by your particular policy is predetermined and agreed to by **your employer and the insurance company**. If you have any questions, please refer these to your employer.
3. Dental insurance is designed to assist people to obtain dental care and rarely covers more than a portion of your dental treatment. There may be a deductible, a co-insurance factor, and a yearly maximum to be considered.
4. Most policies cover what they consider **"Usual and Customary Fees"**. However, the insurance company sets these fees and they are not always the same as the fees charged in this office. Some companies reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
5. Some policies request a "pre-determination" before treatment is begun. We will submit a treatment plan for review by your insurance company if this is a requirement.
6. Not all services are a covered benefit in all contracts. Some insurance companies may not cover all necessary procedures.

I acknowledge that I have read and understand the above statement. I hereby authorize Dr. Brenda Gentry, DDS. PA to release any and all medical and dental information pertinent to my treatment to my insurance carrier(s) for the purpose of pre-authorization of treatment plan and fees, claims proceeding, utilization review or financial audit. In addition, I hereby authorize insurance payment directly to Brenda R. Gentry, DDS. PA for services rendered to me by Brenda R. Gentry, DDS. PA. I have been informed that this office will report my diagnosis, treatment and fees to my insurance carrier(s) in accordance with standard conforming to the current procedures established by the American Academy of Dentistry, and that is the sole power and responsibility of my carrier(s) to determine the actual dollar amounts of the covered benefits for all services rendered. I understand that I am ultimately responsible for the total cost of my treatment provided by Brenda R. Gentry DDS. PA or her staff, including amounts, which may not be covered by insurance. This authorization remains valid and effective from the date of signing until revoked in writing.

Signature

Date