



Insurance Billing and Estimate Guidelines

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First Name: _____ Last Name: _____ Birth Date: _____

As a courtesy to our patients, we bill your insurance on your behalf. Deductible, co-pay, and/or patient estimated portion will be due at the time of service. We gladly provide our patients with an estimate of what their insurance will cover as well as their out of pocket portion based on previous insurance payments that we have received. However, this is not a guarantee of payment and your out of pocket may differ from our estimate. In the event that insurance underpays, you will be responsible to cover the difference. If your insurance overpays, we will put a credit on your account that can be used for future services at Pearl District Dental or send you a reimbursement check.

Signature of patient:

Sign