



**Evan S. Halpern D.D.S**  
PRACTICE LIMITED TO ENDODONTICS  
*A Professional Corporation*

## **INSURANCE POLICIES**

**You are fortunate to have insurance to help you pay for your medical and dental needs. Insurance allows patients to afford and accept more ideal treatment rather than just minimal “necessary” or pain- relieving treatment.**

**Through the years, we have found that there are many misunderstandings regarding insurance coverage. The following should help avoid the misunderstandings:**

1. **PATIENTS ARE RESPONSIBLE FOR THEIR BILLS-** You must understand that the patient/parent is directly responsible for payment of our fees. Insurance is a contract between you and your employer, or your labor union and your insurance carrier to help you pay for services. It is not a contract between you and our office.
2. **DO NOT EXPECT 100% COVERAGE-** Insurance companies rarely pay 100% of the charges incurred. Most carriers pay 80% of their allowable fee, subject to deductible. This office quotes current fees that are within the usual and customary range for Endodontics offices in our area, while many insurance companies pay from a set fee schedule negotiated between your employer and the insurance company.
3. **KNOW YOUR INSURANCE-** Most insurance has a yearly deductible which must be met before they are responsible for payment. Please be aware of what is yours.
4. **ENDODONTICS IS A DENTAL SPECIALTY-** Some of our procedures are covered by medical insurance. However, most of our procedures are covered only if you have a specific DENTAL INSURANCE.
5. **NO CHARGE FOR FILLING OUT CLAIM FORMS-** In most instances, no fee will be charged if we have to submit your insurance forms for you. A few companies will accept only their own form and procedure numbers. If you are covered by more than company requiring their own forms and numbers, a small fee may be charged for filling insurance forms.
6. **PROBLEMS WITH INSURANCE CARRIERS-** If you have a problem receiving you reimbursement, please let us know as our financial staff has a great deal of experience.

If you have any questions regarding our fees, financial policies or insurance coverage, please call our office before your dental treatment.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_.