FOOTHILLS FAMILY DENTAL

1558 East Main Street
Duncan, SC 29334
(864) 486-8070

Insurance Disclaimer

(Please read carefully)

Please note we do not accept or participate with any DMO/HMO Insurance plans, prepay plans, Medicaid or discount plans. We are a network provider for Delta Dental, Guardian and BCBS SC (and the BCBS Grid) and not for any other insurance company.

Our goal is to help you maximize your dental insurance benefits. As a courtesy, we are happy to bill your dental plan for services. When we call your insurance company to verify benefits, it is not a guarantee of payment by the insurance company and may vary according to your individual plan when the actual claim is processed. Any treatment plan that our office proposes to you is an **estimate** of what your insurance coverage will be, it is not a guarantee. If you need **exact** payment information of benefits, then a pretreatment is required. If you would like this done, you must specify to the front desk or office manager **before** any work is initiated. (This takes 6-8 weeks).

Please remember that the contract itemizing your dental benefits is between you, your employer and your insurance company. Regardless of coverage, your estimated co-payment is due in full the day of treatment. If your dental plan should pay more than expected, you will receive a refund check. Also, please remember that dental insurance plans are not designed to cover all of your dental needs.

If you have work performed at any other dental facility, it is your responsibility to let us know how much has been paid to the other provider so we can adjust your remaining benefits at our office. We have no way of knowing what's been paid out of your maximum to another provider unless you inform us.

I have chosen to allow Foothills Family Dental to file my insurance and I accept full responsibility for this account and for all dentistry performed upon my family in this dental office. I understand it is my responsibility to be aware of what type of dental plan I have. I also understand this office cannot guarantee my insurance company will cover all services rendered and that Foothills Family Dental is only able to give me an estimate based on information provided to them by my insurance company. I also understand that if my insurance company does not pay within 120 days of my dates of service, then I will become responsible for payment of any outstanding balance.

Print Name:_____ Date: _____

Patient Signature: _____