



MORGAN L. ANDERSEN, D.D.S.

Dentistry • Orthodontics

12116 S.E. Mill Plain Blvd.
Vancouver, WA 98684
Telephone: (360) 256-8200

Your Insurance

You are fortunate that your employer has decided to help offset the cost of your dental care by providing you with dental coverage. However, it is generally designed to help cover the **basic dental care** and therefore is not meant to cover everything at 100%. The insurance that your employer has purchased for you is a contract between your employer and the insurance company. We are **NOT** a party to that contract. We act solely as the provider of care to you. Our responsibility and allegiance is to you, our patient!

We are pleased to help you understand your benefits as best we can and as a courtesy to you, help you by billing the insurance company on your behalf. *This is not part of our responsibility as many people feel.* But as a benefit to you, we are happy to bill **your** insurance for you.

Because we are *Not* a party to your insurance contract, we can only **estimate** what your insurance may cover for a given procedure based on the information that *they* give us. As they do not guarantee their pre-authorization, **we cannot guarantee the exact amount that they may or may not cover.**

Therefore, the amount that we quote you, as your portion is only the best estimate we can provide you and the actual portion may be different.

You are ultimately responsible for the entire amount of the treatment if you elect to have treatment provided regardless of what your insurance covers. We do not diagnose your condition on what your insurance will cover. We base the treatment necessary on how we would provide dental care to our own families.

I understand the above and agree that I am responsible for the entire amount of treatment I elect to have done, regardless of what my insurance covers. I agree that any balance remaining is subject to 1.5% / month service fee (18% annually) and my signature below is my consent to the fee.

Patient Name _____
Patient Signature _____
Guarantor Name _____
Guarantor Signature _____
Date _____