

Divine Dental of Santa Fe
550-B St. Michaels Dr Ste. 2
Santa Fe, NM 87505

We are happy to bill your insurance company for you, and will help with coordination of your benefits. Please be aware that we cannot know whether or not this information is correct according to your policy; we are reporting findings as a courtesy to you. ***It is your responsibility to verify your own benefits with your insurance company, as you are ultimately responsible for your bill.***

If you have a percentage co-insurance payment, please be aware that the amount you are paying each visit is ***only an estimate***. We do not know the exact amount of your co-insurance payment until we receive payment from your insurance company. We will send out monthly statements notifying you that your insurance has been billed for services. You may receive an additional bill from us after we have received payment.

You will become responsible for your bill if:

- *We bill incorrectly based on information you or your insurance company provided to us.
- *You are not sure which insurance company has primary responsibility for payment.
- *You do not inform us promptly (within 24 hours of service) of changes in your insurance plan.
- *Your authorization for services has expired and you elect to continue treatment.
- *Your insurance company determines that your treatment is not necessary.
- *Your insurance company revokes an insurance authorization.
- *If your insurance policy has waiting periods for basic or major treatment.
- *If there is a missing tooth clause or there are replacement period on crowns, bridges, dentures or partials.
- *Our office provides composite fillings (white) and some insurance companies downgrade to amalgam fillings (silver) rates. You will be responsible for the difference in cost.
- *Your insurance downgrades any services due to provisions in your insurance policy.

Signature _____ **Date** _____