

Chesterfield Valley Dental Group
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Please Read The Following Carefully:

Dental Insurance

There are essentially no insurance plans which provide for complete coverage of all dental services-the patient is always responsible for payment of at least a portion of the fees.

We are only “In-Network” with Delta Dental Premier.

PPO Plans:

Patients are given a list of network dentists to choose from. If you go ‘out of network,’ your benefits are likely to be reduced.

If your employer and dental insurance company have set your plan as a ‘PPO,’ claims we submit will be processed as “**Out of Network.**” This means there will likely be a balance due after the insurance pays on the claim. The amount covered is based on what the insurance company and employer negotiate; it is not based on our actual fees. Therefore, if there is any difference between our fees and their fees, the patient is responsible for the remaining balance.

Traditional Plans:

Patients have the ‘freedom of choice’ to see the dentist of their choice.

If your plan is this type, we will submit your claim and you are responsible for any unpaid balance that the insurance does not cover.

DMO/DHMO/Medicare/Medicaid Plans:

If your plan is considered any of these, you will not have any insurance coverage. There are specific doctors that your plan will cover and your plan does not offer any ‘Out of Network’ benefits. You will be responsible for any charges incurred.

All patients are responsible for any balance after insurance has paid their part. It is your responsibility to work out any disputes with your insurance company regarding your benefits.

Print Name

Date

Signature