

WHAT'S THE DIFFERENCE BETWEEN PRE-AUTHORIZATION AND ELIGIBILITY?

Pre-authorization is basically a second opinion by a dental consultant who is employed by the insurance company or trust to review a work submitted according to the requirements of your insurance carrier. This dental consultant will determine if the recommended treatment will be authorized for payment. Sometimes pre-authorization can take up to six weeks.

Eligibility is a set of employment rules that the employer or union has developed that allows you to have continuing dental benefits. Often eligibility is based on the number of hours worked, length of employment, probationary periods, leaves of absences, enrollment periods, transfers, and other conditions as determined by the employer.

Pre-authorization does not assure continuing eligibility. You may in fact be eligible for dental benefits but denied authorization for specific treatment based on the decision of the dental consultants. Likewise, the dental consultants may authorize treatment, but you may fail to meet eligibility requirements at the time the treatment was completed. Always know your eligibility requirements. Contact your employer for information.

KEEP YOUR STATEMENTS!

Each month you will receive a statement that reflects dental service performed and billing charges. As a courtesy to our patients, we allow a 45-day grace period for your insurance company to make payment. However, if after 60 days we have not received payment from your insurance company or there is a dispute between the insurance company and our office regarding payment of services, you will be asked to contact them. Insurance is designed to reimburse the policyholder and you, therefore, are ultimately responsible for payment of services. Your cooperation in responding to our request for assistance in this matter will not only keep your account up to date, but will help prevent you from being financially responsible for payment as well as late charges. Review your statements carefully. Please call if you have any charges in the 61-90 day column of your statement. Keep your statements. **They are part of your dental records and may be very helpful if you have questions about treatment.**

WHY MUST I FILL OUT A HEALTH QUESTIONNAIRE?

During your dental appointment, you will be asked to complete a health history questionnaire or to update an existing health history that we already have on record. Please understand that dentistry is a form of medical treatment. Therefore, we must know your current health history so that recommended treatment does not conflict or pose any unnecessary health risk to you. If you are on medication, we need to know this because we want to be sure to prescribe a compatible medication if you happen to need a prescription as part of your treatment. Dental health is a vital part of your total health. Please help us keep you healthy. Complete your health history questionnaire accurately and let us know of any changes in your health or medications at each appointment.

APPOINTMENT CANCELLATION POLICY

Desert Pearl Dentistry carefully schedules appointments to afford quality care for each of our patients. When you miss or change your appointment without any advance notice, the time we created for you cannot readily be given to someone else who may need it. **Kindly give us 48 hours notice for any appointment changes. A \$50 fee will be charged for appointments that are canceled with less than 48 hours notice.** When you do this, we may be able to schedule someone on our short-notice list who is eager to proceed with treatment. Remember, too, that when you postpone recommended treatment you jeopardize your own dental health. If you are having treatment under pre-authorization from your insurance company, please be advised that continual postponement of authorized work may disallow your claim. Pre-authorization often has specific time limits for allowing treatment to be completed. So, it helps you and us when you keep your dental appointments!

Initial _____

By signing below I acknowledge that I have read and understood the information on this page.

Patient Name

Date

Patient Signature (Parent/Guardian if patient is under 18 years old)

THANK YOU!

We appreciate your confidence in us and hope your experience at Desert Pearl Dentistry will meet your expectations. We thank you for keeping your scheduled appointments and maintaining regular continuing care to prevent painful or costly treatment due to neglect. We are always happy to meet new patients and look forward to helping your many friends and family! Your smile is our best advertisement and greatest reward!