



Welcome to Brite Dental, we look forward to providing you with high quality dental care. At your initial exam we want to provide you with information to help you make the proper decisions for your long-term dental health. Our goal is to provide you with comprehensive dental care for a life-long, healthy smile.

HMO: Many of you have been referred to us by a managed care or an HMO. Unlike most dental insurance plans, HMOs do not have any insurance maximums, allowing you to get the dental care you need without waiting for new insurance limits. HMOs are designed to give you maximum benefit in an effort to keep you pain free.

Insurance does not pay for everything. Each HMO plan can also set a number of limitations and exclusions. It is the patients' responsibility to review their program prior to making an appointment. Your insurance provides such a large benefit for surgeries and emergencies; as a result they limit the amount of benefits patients can use for restorations.

The most basic and routine (economical) restorations are usually covered under your basic benefit plan. Anything considered cosmetic, clinically ideal, elective or alternative becomes the patients' investment. Some plans also consider laboratory costs, antibiotics, vertical adjustments and invisible braces to be the patients' own investment.

PPO and Indemnity: PPO and indemnity insurances are the more traditional insurance plans. You may be familiar with insurance plan maximums and deductibles. Although we are participating providers for most plans, we are not responsible for the way your insurance company chooses to pay for your treatment. There is never a guarantee of payment from your insurance company. As providers, we submit a claim to your company as a courtesy. Should your insurance refuse to pay for your service within 30 days, you will become responsible for any and all remaining balance.

After your initial evaluation and treatment presentation, we will either begin treatment the same day or at a future scheduled time.

Our philosophy and policies are presented in effort to create a lasting and beneficial relationship so we can help you achieve and maintain the health of your ideal smile.

By signing below, you agree to accept full financial responsibility as a patient or guardian of the patient who is receiving services. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.

Printed Name: _____

Patient Signature: _____

Date: _____