



2900 North Quinlan Park Road #160
Austin, TX 78642
512.266.9585

Welcome to Steiner Dental

Thank you for choosing us as your dental health care provider. Our commitment is to provide state of the art dentistry for our patients. We will deliver treatment in a timely manner and at a reasonable fee. We are committed to providing you with all the information that you need in order to make an informed decision regarding your treatment.

We understand dental benefit plans and will gladly assist you in obtaining the maximum benefit as specified by your contract.

It is important, however, that you are aware of the following:

1. We are not a contracted provider with any dental benefit company. We are not a DMO provider.
2. Your dental benefit program is a contract between you, your employer and the insurance company. **We are not a party to that contract.** In order to file and estimate your benefits, it is imperative that you provide us with the necessary information. (Claims address, telephone numbers, group/ policy numbers, and benefit information.) *As a courtesy to you, we will file your primary insurance claims.* If necessary, we will gladly help you file your secondary insurance and have the benefits paid directly to you.
3. **Not all dental services are a covered benefit in all contracts.**
4. You (*not the insurance company*) are responsible for all of our fees.
5. If your insurance company does not pay your claim within 60 days from the date of service, we will require that you pay the balance in full and have your insurance company pay you directly. A preauthorized healthcare form will be completed for this purpose.
6. For our patients with dental benefit plans, we will provide you with an **ESTIMATE OF BENEFITS** that the primary insurance company is expected to pay. We base our estimate on information provided to us by you and your insurance company. Please realize that all information given to us by an insurance carrier is an "estimate" and is not a guarantee of how they will pay a claim.
7. Any co payment due is expected at the time treatment is rendered. Any payments you make to the office at the time of service are only intended to go towards your total patient portion and may not be your final financial responsibility.
8. If your insurance company will not pay us directly, you will be responsible for all fees at each appointment. Your insurance company will pay you directly. (i.e.: Delta Dental)
9. If at any time you feel your insurance company processed your claim incorrectly, please contact them directly.

We will be happy to discuss your proposed dental treatment and answer any questions that you might have regarding your dental benefits.

Because your time is important, it is our commitment to see you promptly. Your appointment is scheduled just for you and any change in your appointment affects many people. We appreciate your timely arrival.

In the event that missed appointments and/or changes in your schedule occur on a regular basis, a deposit will be required to reserve an appointment for you.

In the event that your account is turned over to a collection agency, you are responsible for the balance, any finance charges, as well as all collections and/or attorney's fees.

Payment is expected at the time of service. We accept cash, approved checks, American Express, Visa, MasterCard, Discover and Debit Card payments.

I have read and understand the above information.

Patient Signature: _____ Date: _____

Please let us know if you would like a copy of this for your records.