

Seghers Family Dental

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Insurance and Cancellation Policy

We will gladly fill out your insurance paperwork and file your insurance claim for you. However, any estimated co-pays and deductibles are due at the time the service is received. You will be held responsible for any amount that your insurance does not cover. Payments may be made by cash, check, MasterCard, Visa, American Express, or Discover. We also offer in-house financing through CareCredit, which offers payment plans from one month to one year with 0% interest.

Usually the insurance company only pays a percentage of the quoted fee. This percentage may vary from plan to plan. Dental insurance is not designed to pay the entire cost of your treatment, but it is intended to help cover a certain portion of the cost. Please remember, however, the financial obligation for dental treatment is ultimately the patient's responsibility.

We are glad to assist you in obtaining maximum benefits from your dental insurance plan. With years of experience and the utilization of our computer systems we make every effort to accurately estimate benefits for each patient. Still, it has become increasingly difficult to provide "exact" coverage information. Many times there are "plan limitations and exclusions" that we are not aware of. Also, benefits paid to other offices are unknown to us. This may affect the benefits available for future treatment. We can quote our exact fees for each procedure but quoting benefits from the insurance company is provided as a "best effort" estimate.

If you have secondary insurance coverage, we will be happy to fill out the form for the secondary insurance coverage and give it to you so the insurance company can pay you directly.

We will be diligent in processing claims. However, after 60 days unpaid claims will be turned back to you for payment. You can then receive reimbursement directly from your insurance company. As always feel free to contact our office with any questions or comments.

A missed appointment hurts three: you, the doctor, and the other patient who could have had your time. Please make every effort to attend your appointment. Our office kindly requests a 24-hour notification for changes to scheduled appointments or cancellations. There will be no charge for appointments that are cancelled with a 24 hour notice. Failed appointments, unfortunately, will be charged for reserved time. Thank-you for your consideration to our office.

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction.

Date: _____ Patient's Signature: _____

