Dr. Vernon L. Sheen
Insurance Information

As a professional courtesy to our patients, we file your dental insurance. Dental insurance is not like Medical coverage and rarely covers the same percentage. The professional treatment you receive at Dr. Sheen's office is rendered to you, not the insurance company. You are responsible to us for the obligation of payment of treatment. Please understand that your insurance policy is a contract between you and your insurance company. Any problems of non-payment or a delay of payment are your responsibility.

Remember, dental benefits were never meant to determine your dental care; they are to assist the patient in the payment of your treatment choice.

You are responsible for portions not covered by your policy on the day of service.

Because we are a high tech practice, we will file some claims electronically; therefore a signature on file is required by all dental insurance companies. We must have a filled out insurance form to file your insurance for you.

Any insurance balance over 60 days old is delinquent and is your responsibility to pay.

Accident Insurance cases will be handled by the patient paying for the treatment at the time of service and your insurance or med-pay will reimburse you. Accident claims can take months to settle and we are unable to wait for settlement.

We will always do our best to see that you receive full benefits. However, ultimate responsibility for payment is yours and financial arrangements must be defined prior to beginning dental treatment.

INSURANCE INFORMATION NEEDED TO FILE YOUR CLAIM

Insurance Company: _____ Insured SS #_____

Address: _____ Group Number: _____

_____ Plan Number: _____

Phone Number: _____

Employer Name: _____ Supervisor Phone #: _____

Address: _____

Assignment of Benefits

I authorize payment of dental benefits to the named provider for professional services rendered.

Signed: _____

Date: _____

Release of Information

I authorize the release of any dental information necessary to process this claim.

Signed: _____

Date: _____