

Paul A. Mevoli, D.M.D.
Wade W. Hancock, D.M.D.

5415 Park Street No, Suite A • St. Petersburg, FL 33709 • (727) 541-5606

We are pleased that you have selected our office to provide your dental care. We are 100% committed to providing you with the finest dental care available. To facilitate our commitment to you we ask that you read and initial each of the following guidelines:

_____ We are happy to help you understand your insurance benefits including your deductibles, co-payments, limitations, and exclusions as they relate to your proposed dental treatment. In order for us to do this, **please furnish us with your detailed insurance policy, insurance card and your driver's license.** Once we determine your benefits, **please inform us if you are not completely clear on your coverage before treatment is rendered.**

_____ Each and every insurance company has limitations and exclusions. These are determined by your employer, and their contract with the insurance company. Thus, not every service we provide is considered a "covered" benefit. It is important that you understand that **your policy is a contract between you, your employer, and your insurance company. We are not a party to that contract.** The dentistry that we perform will be done with your best interest in mind and without dictation from your insurance company guidelines.

_____ Once we have received and reviewed your policy, **we will file your insurance as a courtesy to you.** You are responsible for any deductibles, co-payments, insurance company reduction of benefits (down-coding/pro-rating) and non-covered services. **Payment of your portion will be estimated at the time of service and must be paid when services are rendered. Any unpaid balance that your insurance does not pay will be billed to you.**

_____ **We are "in network" providers for Connection/GEHA, Zelis/Maverest, BC/BS of Florida, BC/BS Federal, Dentemax, and Delta Dental -Premier.** This means that we must accept their fees and you pay your percentage according to your coverage.

_____ We will accept other dental insurance PPO's out of network benefits, but keep in mind that we **are not obligated to go by their fees since we are not in the network for that insurance. You may still come here for services; however, you will be responsible for the difference in what your insurance will allow and what our fees are.**

_____ **WE DO NOT PARTICIPATE WITH ANY HMO'S, DMO'S, OR DENTAL DISCOUNT PLANS. YOU WOULD BE ENTIRELY RESPONSIBLE FOR THE FEES INCURRED WITH ANY OF THESE TYPES OF POLICIES.**

_____ Our fees are reasonable and customary for this community. The patient (and/or spouse/guarantor) is responsible to pay all sums unpaid by the insurance. If it becomes necessary to collect any sum due through an attorney, then the patient (and/or spouse/guarantor) agrees to pay all reasonable costs of collection, including the attorney's fees, whether suit is filed or not.

Again we thank you for placing your trust in our practice

The undersigned agrees to the release of information regarding treatment as needed in order to file insurance claims, and also agrees to abide to the above guidelines.

Patient Signature: _____ Patient Name: _____

Parents or Guarantors Signature: _____ Date: _____