

LOUIS F. CLARIZIO, DDS PA  
ORAL SURGERY & DENTAL IMPLANT CENTER  
Diplomate, American Board of Oral & Maxillofacial Surgery

**UNDERSTANDING YOUR HEALTH INSURANCE POLICY  
AND PAYMENT PRACTICES**

Thank you for choosing us for your recent health care needs. As a patient, you should be involved in your treatment and take an active part in knowing what your insurance benefits are in paying for your care. This handout is designed to help our patients with health insurance coverage understand the health insurance billing and payment process.

**Payment Process**

A claim for this consultation visit will be sent to your insurance company within the next five days. After receiving this claim, the insurance company may contact you for more information. Your quick response to their questions will assist them in processing your claim timely. We will not send you a statement UNTIL we receive payment or a notice of denial from your insurance company. Generally this takes approximately 30 – 45 days. Once contact is made, and IF there is a balance remaining, we will provide you with a statement showing the amount of the insurance payment and balance due from you payable in full within 30 days. If you receive an Explanation of Benefits (EOB) from your insurance company indicating a portion of the balance is your responsibility and you have not receive a statement from us, please contact our billing department for further clarification. Keep in mind that your policy is a contract between you and your insurance company. If you did not follow your insurance plan's terms, they may not pay for all or part of your care. For this reason, it is important you contact your insurance company and complete the Patient Insurance Verification Form on the other side of this notice prior to having a procedure done.

**Patient Insurance Verification Form**

In order for you and us to understand your insurance benefits, we ask that you locate your dental and/or medical insurance card(s) and **CALL THE MEMBER SERVICES NUMBER LISTED ON THE CARD.** Our insurance question guide will assist you with this process and should be completed prior to your next appointment.

**Customer Service**

We are pleased to answer your questions or provide more information. Our billing office staff can be reached at (603) 766-0238.

Thank you again for choosing us for your oral surgery care. We look forward to serving you and your family in the future.

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# **PATIENT INSURANCE VERIFICATION FORM FOR ORAL SURGERY**

Please complete the form and bring it to your next appointment or fax to: (603) 433-3299.

Date: \_\_\_\_\_

SUBSCRIBER'S Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Subscribers Address: \_\_\_\_\_

Relationship to Patient:  Self  Spouse  Child  Other Employer: \_\_\_\_\_

DENTAL Insurance: \_\_\_\_\_ Address: \_\_\_\_\_

ID \_\_\_\_\_ Group: \_\_\_\_\_

MEDICAL Insurance: \_\_\_\_\_ Address: \_\_\_\_\_

ID: \_\_\_\_\_ Group: \_\_\_\_\_

## **QUESTIONS YOU NEED TO ASK:**

<b>MEDICAL COVERAGE</b>	
Effective Date of policy:	
Is policy still in effect?	Y or N
In network benefits?	Y or N
Out of network benefits?	Y or N
Waiting period?	Y or N
Do I have Oral Surgery Coverage?	Y or N
• If yes, please refer to YOUR ESTIMATE for procedure codes.	If no, STOP HERE
<b>DEDUCTIBLE</b>	
What is my yearly deductible?	\$
Have I met that deductible?	Y or N
Is there a family deductible?	Y or N
<b>REFERRAL</b>	
Do I need a referral from my PCP?	Y or N
<b>OTHER</b>	
Do I have any waiting periods on my policy?	Y or N
• If yes, when will it be satisfied?	
Is this policy Primary or Secondary?	
Name of the person you spoke with:	
Reference # (if applicable):	

<b>DENTAL COVERAGE</b>	
Effective Date of policy:	
Is policy still in effect?	Y or N
In network benefits?	Y or N
Out of network benefits?	Y or N
Waiting period?	Y or N
Do I have Oral Surgery Coverage?	Y or N
• If yes, please refer to YOUR ESTIMATE for procedure codes.	If no, STOP HERE
<b>DEDUCTIBLE</b>	
What is my yearly deductible?	\$
Have I met that deductible?	Y or N
Is there a family deductible?	Y or N
What is my yearly maximum?	\$
How much do I have remaining on that max?	\$
<b>OTHER</b>	
Do I have any waiting periods on my policy?	Y or N
• If yes, when will it be satisfied?	
How often can I have a Panorex radiograph?	
Is this policy Primary or Secondary?	
Name of the person you spoke with:	
Reference # (if applicable):	

**Notes:**