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**PRACTICE LIMITED TO PERIODONTICS
*Periodontal Plastic Surgery
Regenerative Therapy
Dental Implants***

FACTS YOU SHOULD KNOW ABOUT DENTAL INSURANCE

Dental Insurance is rapidly playing a larger role in helping people obtain dental treatment. Since we strongly feel our patients deserve the best possible dental care we can provide, and in an effort to maintain the high quality of care, we would like to share some facts with you.

1. Dental insurance is NOT meant to be a PAY-ALL, it is only meant to be an aid.
2. Many plans tell their insured that they will be covered “up to 80% or up to 100%”. In spite of what you have been told, we have found that most plans cover 60% to 70% of an average fee. Some pay more-some less. The amount your plan pays is determined by how much your employer paid for the plan. The less he paid for the insurance, the less you will receive.
3. It has been the experience of many dentists that some insurance companies tell their customers that the “fees are above the usual and customary fees” rather than saying to them that “our benefits are low”.
4. Insurance companies do not cover many routine dental services.

Please do not hesitate in asking us any questions about our office policies. We want you to be comfortable in dealing with these matters and we urge you to consult with us if you have any questions regarding our services or fees. We will file your insurance forms at no charge.

Although this office will do everything possible to maximize your insurance benefits, **YOU ARE ULTIMATELY RESPONSIBLE FOR ANY PORTION OF YOUR ACCOUNT NOT PAID BY YOUR INSURANCE COMPANY, REGARDLES OF THE REASON.**

If you have any questions regarding your insurance, we ask that you contact your company regarding the specifics and details of the plan it is conducting in your behalf.

I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS DOCUMENT.

Signature: _____ **Date:** _____

I ACCEPT THIS ATTENDING DENTIST’S STATEMENT AND AUTHORIZE RELEASE OF INFORMATION RELATING HERETO. I CERTIFY THE TRUTH OF ALL PERSONAL INFORMATION PROVIDED TO NORTH MISSISSIPPI PERIODONTICS.

Signature: _____ **Date:** _____