

Your Financial Responsibility

Please read carefully and sign below

The Medical Care Plan (MCP) provides dental coverage for the majority of procedures for children who are 12 years of age and younger. If you have private insurance, your insurer will be billed first in the majority of cases, and MCP will cover the difference. Please note that MCP <u>does not</u> cover the cost of certain procedures, such as those listed below, and you will be billed for what is not covered by your insurance:

- Fillings/restorations in primary incisors/anterior/front teeth (only extractions of these teeth are covered by MCP).
- Sedation with nitrous oxide (laughing gas) and/or oral sedation.
- Permanent tooth root canals (unless it is caused by trauma).
- Space maintenance and orthodontic appliances (including recementation of these appliances).
- * There may be other procedures not covered by MCP. Estimates and predeterminations for insurance carriers are available upon request to aid you in making an informed decision without incurring unexpected costs.

If you have insurance, we can submit insurance claims on your behalf and direct bill the <u>majority</u> of insurance companies. However, it is your <u>responsibility to know your insurance limitations</u>. Please consider the following:

- Every plan pays at different percentages depending on the procedure.
- Most plans have yearly limits.
- Plans often have limits on frequency of cleanings, exams, and x-rays.
- Pre-approval requests can be sent to your insurance company.

We do not have access to the details of your particular insurance plan. Insurance companies make this information available to their clients only, not dental offices. Changes to your insurance policy/coverage are your responsibility. Please advise <u>us</u> of any changes that occur to your coverage.

We are not responsible for any amounts not paid by your insurer or MCP. Patients/parents are required to pay the remaining balance at the time of their treatment. If insurance cannot be confirmed, we expect payment at the end of the treatment appointment and you may seek reimbursement from your insurance company. Please fill out your information and sign below to confirm you understand and accept the contents of this letter.

Your provincially funded Children's and Adult Dental Plans provided coverage for eligible basic services. To help in financially supporting your program we now require that you fill out this simple form.

Do you have individual	or family insurance coverag	e outside the provincial Denta	I Health Plan?	YES	NO
Date	Full Name		Signature		
Name of Insurance	 Plan #	 Certificate #	Policy Hole	der / DOB	