

# Pediatric Dentistry

*of Central Iowa P.C.*

## Dental Insurance Office Policy

Pediatric Dentistry of Central Iowa's primary goal is to provide our patients with the utmost care and treatment to achieve excellent oral health based on each patient's individual oral health needs.

- We will submit your dental claims to your insurance carrier on your behalf. Pediatric Dentistry of Central Iowa is a participating provider for the following dental insurance carriers:

Delta Dental

Cigna PPO

Principal PPO

Metlife

Blue Dental

Aetna

- Drs. Barsetti and Whittemore will only recommend treatment based upon your child's individual needs. Although we will work with your dental insurance carrier to provide necessary information for your child's claims we will not recommend or provide treatment based on what your dental plan may or may not cover. All dental insurance plans have limitations for procedures, frequencies, age limitations as well as other limitations. Recommended dental treatment and other available options will be presented to you prior to treatment.

- Dental insurance is a contract between you, your employer, and the insurance company. The benefit level for covered dental procedures is based on the specific dental plan each employer chooses. The dental office is a third party provider.

- Due to the numerous dental benefit plan options available to employers, it is no longer possible for our office to maintain current benefit plans on every patient's dental policy. We will continue to do our best to obtain an estimate of out of pocket expenses on planned treatment. You are responsible for any deductibles, coinsurance and any other amounts for non covered services by your dental insurance.

- We strongly recommend that you review your dental benefit certificate to have a thorough understanding of how your policy works and services that may or may not be covered. We recommend you refer to your benefit certificate or contact your dental insurance carrier with any questions you might have. If you would like us to file a Prior Authorization with your dental insurance carrier for services you are unsure about please let us know.

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Signature

Date