



Out of Network and Balance Billing Disclosure

Caring Smiles is not contracted with any dental insurance networks. This is referred to as being “out of network.” We believe that insurance networks can interfere with patient care and prevent us from performing the highest quality dentistry. Examples of insurance network limitations include restricting the numbers of annual cleanings a patient can receive, downgrading submitted insurance claims to procedures that were never performed, requiring the use of sub-standard materials, time-limitations related to complex dental cases, etc.

In addition, an in-network dentist must agree to follow a fee schedule published and controlled by the insurance company. The fee schedule lists how much the insurance company pays for every procedure. The dental insurance fee schedule is usually significantly lower than the average fees for our region. **If your insurance carrier pays less than our fees, then you will be “balance billed” for the amount not paid by the insurance carrier.**

Please be aware of the following:

- Caring Smiles will only bill you the actual fees for the procedures we perform. The price is the same for those with or without insurance.
- Based on the construction of your dental plan, your out-of-pocket cost may be higher or lower when using an out-of-network provider as compared to an in-network provider. It depends on the details of your insurance plan and what they determine they want to pay. Upon request, we would be happy to submit a pre-determination to the insurance company to find out what they are willing to pay ahead of the procedure.
- After receiving services, Caring Smiles will submit a dental claim to your dental insurance carrier on your behalf. Coverage will fall under the out-of-network level.
- You will owe any shortfall between what dental insurance is willing to pay and our fee.

Please sign below in acknowledgment of receipt and understanding of this notice.

I understand that the providers at Caring Smiles are out of network with all dental insurance carriers and that I will be balance billed for any amounts not covered by my dental insurance.

Signature: _____ Date: _____

Printed Patient Name: _____