



South Shore Dentistry  
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## Insurance Disclaimer

We have prepared this letter to help you better understand the complexities of dental insurance; we realize how confusing it can be. To begin, we would like to highlight a misconception: dental insurance is not designed to pay for all of your dental care. Most of the contracts have yearly limits, treatment limitations (posterior teeth being downgraded to all silver filling/crown) and or various degrees of "copayments".

Patients who carry dental insurance must understand that this practice will do our best with submitting your insurance forms and accepting assignment of payments. These collections will be credited to the patient's account. However, it cannot be assured that our charges will be paid at 100%/4 by any Insurance company.

The treatment recommended by our practice is never based on what on your insurance company will pay, as your oral health care and accompanying treatment should not be governed by your insurance company contract.

Thus, it should be understood that the dental insurance contract is between the insurance company and the patient. If you are unclear as to whether a particular procedure is covered by your carrier, please request a pre-estimate for treatment before scheduling. If you would like this done, you must specify to the office manager before any work is initiated. (This takes 6-8 weeks).

We hope this information has been helpful. Please take the time to review your insurance policy's nuances thoroughly so that we may best serve you. As always, you may feel free to ask any member of our staff for clarifications on services, billing and insurance.

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Patient name

I have chosen to allow South Shore Dentistry to file my insurance and accept full responsibility for this account and all dentistry performed upon my family in this dental office. I understand it is my responsibility to be aware of what type of dental plan I have and notify the office of any changes on insurance coverage. I also understand that this office cannot guarantee that my insurance company will cover all services rendered and it is only an estimate of benefits. I also understand that any outstanding balance left on my account after insurance has made payments will become my responsibility.

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Patient signature and date

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Staff signature and date