

## Insurance Waiver

Insurance is a contract between the carrier (insurance company) and the patient, or the patient's employer, not the practice. There are numerous limitations and clauses on the average dental plan. Here are 7 common limitations and clauses in the average plan.

1. **Coverage Year:** Calendar (January – December) or Fiscal (ie. April 1 – March 31)
2. **Maximums:** Amount available for the calendar or fiscal year.
3. **Effective Date:** The date the coverage goes into effect.
4. **Waiting Periods:** Certain procedures may be subject to a waiting period.
5. **Frequency Limitations:** Preventive procedures, and replacement procedures are two of the most common to have frequency limitations. Periodontal is another common limitation. Check with your insurance carrier or your contract manual.
6. **Percentage or Fee Schedule:** There are two types of dental plans – One designed to pay a percentage of an allowable fee; and one designed to pay according to a fee schedule. The percentage of the coverage plan is divided up into two categories – 1. Preventive, restorative and major 2. Type I, Type II, and Type III
7. **Non-duplication Clauses:** If a patient is covered under two plans and the primary plan pays 80 percent of the claim, the secondary plan will not duplicate the benefit. Most plans will pick up the remaining 20 percent.

My signature below verifies that I have been informed that the procedure which will be rendered to me today may not be covered in full or in part by my insurance. I understand that I am fully responsible for any charges incurred.

---

Signature

---

Date