

## Orthodontic Consultants of Saint Louis Office Insurance Policy

Dr. Richard Nissen participates as a preferred provider in the following dental plans:

**Aetna PPO**  
**BCBS Blue Dental/Grid+/DeCare**  
**Cigna PPO**  
**Delta Dental PPO\***  
**Delta Dental Premier**

**Guardian PPO**  
**MetLife PDP**  
**Sun Life Dental**  
**United Healthcare Dental**

Those patients who are eligible members of the above listed plans are responsible for plan co-insurance at the time services are rendered. If plan coverage terminates during the course of treatment, the patient becomes responsible for the full treatment fee.

It is your responsibility to keep our office informed of any insurance changes, such as policy name, insurance company, or a change of employment. We will be unaware of any insurance changes unless you bring them to our attention.

For those patients who have open-network insurance (may choose any doctor), payment in full is due when services are rendered, according to our prearranged fee payment schedule. Orthodontic Consultants of Saint Louis will file insurance claims at the patient's request. However, insurance benefits will be paid directly to the policyholder. Insurance payments sent to our office will be refunded to the policyholder.

Our office strives to give accurate benefit information, however information given by our office is not a guarantee of coverage. Benefits can only be determined after claims are processed. The policy holder is responsible for understanding his/her dental policy. For detailed benefit information, please contact your insurance company directly.

\*If you are insured with Delta Dental as a State of Illinois employee, payment for services will be due in full when services are rendered, per the pre-arranged fee schedule. You will be reimbursed for insurance benefits once payment has been received from Delta Dental.

### **Please check appropriate box and sign below:**

**I DO HAVE** dental-orthodontic insurance. I will provide an original dental claim form or a copy of a dental card if I want Orthodontic Consultants of St. Louis to file claims for me. I am aware that even though I have orthodontic insurance, I am responsible for all treatment charges and understand the above policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I DO NOT** have dental-orthodontic insurance. I am responsible for all treatment charges and understand the above policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_