



Carolina Aesthetic Dentistry

Secondary Insurance Policy

- Your insurance policy is a contract between you and your insurance company and our office is not a party of the contract. It is your responsibility to be aware of your policy.
- Our office files primary and secondary insurance as a courtesy. It is your responsibility to provide all current and complete insurance information at the time of service.
- In the event your insurance company has not paid in full within 90 days, the financially responsible party will receive a bill for the account balance. Our practice charges a usual and customary rate for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- All insurance co-insurance and deductibles must be paid at the time of service. Please understand co-insurance are estimates and may change based upon insurance payments.

Secondary Insurance Information

Person Carrying Secondary Insurance: _____

Relationship to Patient: _____

Primary Phone # : _____ Secondary Phone # : _____

Date of Birth of Insured _____ Social Security No. of Insured _____

Address (if different from patient): _____

City _____ State _____ Zip Code _____

Employer of Insured _____ Date Employed _____

Address of Employer : _____

City _____ State _____ Zip Code _____

Insurance Company _____

Group No. _____ Employer No. _____

Insurance Co. Address: _____

City _____ State _____ Zip Code _____

I, _____, understand and agree to uphold these policies. I agree to provide the office with my correct insurance information and to pay my portion of my account at time of service.

Signature

Date