



Insurance Worksheet

Although we will make every effort to utilize your insurance to its fullest capacity, dental insurance is an agreement between you and your insurance company. We here at Lemay Family Dentistry LLC make every effort to make sure your insurance company has everything it needs to make a decision on reimbursement for the services we provide here at our office. However, we cannot be responsible for insurance company's decision to reimburse for certain procedures. Therefore, patients at our practice are held financially responsible for any services not covered by their insurances or any claims not paid within 60 days of time of service. We kindly ask that patients pay for their estimated patient portion at time of service. Our front desk staff makes every effort to get your estimate as close as possible to the actual fee however we cannot predict what the insurance will or will not cover nor how much they will cover. Since this is an estimate, once the Explanation of Benefits (EOB) is received by our office there is a chance that a refund check could be issued or a bill for the remaining balance be owed to the office. We look forward to working with you and if you have any questions regarding your insurance our front desk will be happy to assist you!!!

Please provide the following information:

Primary Insurance

Subscriber Name: _____

SS# or ID#: _____

Relationship to Patient: _____

Employer: _____

Insurance Name: _____

Insurance #: _____

Secondary Insurance (if applicable)

Subscriber Name: _____

SS# or ID#: _____

Relationship to Patient: _____

Employer: _____

Insurance Name: _____

Insurance #: _____

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)