

Thomas G. Wilson, D.D.S.
PEDIATRIC DENTIST/ ORTHODONTIST

Denise N. Evans, D.D.S.
PEDIATRIC DENTIST

Austin P. Foster D.D.S.
ORTHODONTIST

8515 Douglas Ave. Suite 26
Des Moines, IA 50322

INSURANCE / FINANCIAL POLICY

As a courtesy to our patients, we file all insurances. We are in network only with Delta Dental Premier, Wellmark Blue Dental, Wellmark Blue Federal Employee, Principal and Metlife. In such cases we will handle your claims according to our agreement with the insurance company. However, it must be stressed that your insurance is a contract between you, your employer and the insurance company. You must provide us with the following information to complete a claim:

Subscribers name

Date of birth

Social security number or insurance ID number

Employer

Insurance company name, address, phone number and group number

While we will do our best to help you receive your maximum benefits, we will not become involved in disputes between you and your insurance company regarding covered charges, secondary insurance, reasonable and customary determinations, etc. Not all services are covered by your plan and every plan is different. If you have questions about your benefits, please call your insurance company. You should know your anniversary date, annual deductible and annual maximum.

We collect 25% of the charges at the time of service for all work other than routine exams and check-ups. You are expected to pay the estimated portion of your fee at the time services are rendered. **However, this is only an estimate** - we do not know your specific plan. If there is a balance after your insurance pays, we will send you a statement.

If you do not have dental insurance payment is due in full at the time of service

I authorize payment of dental benefits otherwise payable to me to be paid directly to the office of Dr. Thomas G. Wilson. I realize that I am ultimately responsible for any balance my insurance does not pay.

Signature of responsible party

Date