



Robert Earl Barberee, BS, DDS, PC

140 South Harbin Dr
Stephenville, TX 76401
Phone 254-968-CARE Fax 254-968-0450
www.DrBarberee.com

Patients with Insurance

Ins Co Name_____

Ins Co Address_____

Ins Phone_____

Group #_____

Group Name_____

Policy Holder
Name_____

Relationship_____

Policy Holder B-day_____

Policy Holder SS#_____

Employer_____

Office Policy Regarding Insurance Payments

Our office accepts Preferred Provider Organization (PPO) insurance; however, as **our providers are non-contracted with ALL insurance companies, we are OUT of NETWORK with your plan.** We will gladly discuss proposed treatment and how it relates to your insurance. As a courtesy, we will process insurance claim forms to your primary insurance carrier on your behalf. If you are covered by more than one plan, you must establish coordination of benefits (COB) with both of your insurance plans, or your claim may be denied. We will not file a claim to your secondary carrier.

Please remember that dental insurance is designed to assist people to obtain dental care and rarely covers more than 1/3 to 1/2 of the total cost of service. There may be a deductible, copayment, frequency limitation, and an annual maximum benefit to be considered. We suggest all patients to be familiar with their insurance contract.

Most policies cover what they consider to be a "usual and customary fee." Their payment schedules are often based on "averages" or a percentage of "average." We try to keep our costs within an acceptable range, at the same time providing above average treatment. We cannot lower our standards of treatment to your insurance company's standard of payment.



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Insurance Disclaimer: A quote of benefits does not guarantee payment or verify eligibility. Payments of benefits are subject to all terms, conditions, limitations, and exclusions of your insurance contract at time of service.

Insurance is a contract between yourself, your employer (if it is a group policy), and the insurance company. Our office does not make any decisions regarding your insurance eligibility, benefits, or final payment. Our main concern is your dental health, comfort, and appearance. Under this arrangement with our office, you are responsible for paying your co-pay, any non-covered portions, and any deductibles on the date of service. In addition, if your insurance company does not pay for our services, you agree to pay for the services rendered.

As a courtesy, we will wait up to 60 days for your insurance payment. Our office shall carry no balance (including insurance billings) for more than 60 days. If your insurance company has not paid within 60 days, you must pay your balance with Cash, Check, or Credit Card.

X_____

Date_____