

THOMAS J MUNGER III, D.D.S., P.C.

12900 Old Seward Highway
Anchorage, Alaska 99515
907-345-3744

552 Grubstake
Homer, Alaska, 99603
907-235-2010

www.drmunger.com

**NOTICE OF FINANCIAL RESPONSIBILITY
For Patients with Insurance Benefits**

Please note Dr. Munger is not a preferred provider for any Insurance

Please be aware that few insurance companies cover all dental cost. Some pay fixed allowances for each visit or procedure, while others pay only a percentage of the cost. Many insurance companies use fee schedules derived from providers outside Alaska and may not be applicable in our area.

Therefore, this office cannot commence treatment contingent upon payment by any insurance carrier.

You will be required to provide your major dental/medical insurance card which details your group number and insurance carrier with telephone and mailing information for claims.

IT IS YOUR RESPONSIBILITY TO KNOW YOUR MAXIMUM BENEFIT AND THE SPECIFIC LIMITATIONS OF YOUR MAJOR DENTAL/ MEDICAL CONTRACT. WE ARE NOT RESPONSIBLE FOR KEEPING TRACK OF YOUR MAXIMUM BENEFIT AND WHEN IT IS EXCEEDED. It is important that you review your insurance policy, or "Benefits Booklet" so that you will be aware of the specific limitations of your major dental/medical contract.

As a courtesy, our office will file insurance claims and accept assignment of benefits for your **primary** insurance carrier *only*. Patients are required to pay, at the least, their **estimated** portion **at the time services are rendered**. Claims and monies for secondary insurance are the responsibility of the patient.

It is **your duty** to pursue payment from the insurance company if payment is not received promptly. If payment is not received within sixty (60) days from the date of your receiving our dental services, **it will be necessary for you to pay for your services in full**. For balances over thirty (30) days, a monthly billing charge will be accessed to cover administrative costs.

Again, we advise you to read your policy carefully and to call your insurance carrier if you have any questions regarding your coverage for services provided by this office.

Patient's Signature

Date