

**Donald E. Couchman, D.D.S., P.C.**

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## **Filing Your Dental Insurance**

We will gladly file a claim to your insurance carrier for dental services, on your behalf, as a courtesy and accept assignment of benefit (payment to be sent to the practice) from your insurance company, to supplement out of pocket expenses. However, it is important to understand insurance is a contract between you, your employer and the insurance company. We are not a participant in this contract.

It is your responsibility to notify us of any changes or cancellation in your insurance prior to the start of your appointment.

We recommend treatment based on individual needs and not insurance benefits. We may provide you an estimate of insurance benefits based on the information available. We cannot guarantee the amount the insurance will pay/cover due to many limitations and exclusions in your policy. Any balance not paid by your insurance is still your responsibility.

Your signature is required as an acknowledgement that you understand this policy. If you do not approve of this policy, we are happy to assist you in filing your own insurance claim.

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Patient Signature

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Date