IT IS YOUR RESPONSIBILITY TO HAVE YOUR INSURANCE INFORMATION. IF YOU DO NOT HAVE CORRECT INFORMATION YOU WILL BE RESPONSIBLE TO PAY IN FULL OR RESCHEDULE.

Dental Insurance and Medicare Agreement

Dr. Tomeo and staff will submit your dental insurance claim, as a courtesy, if we are contracted to your primary dental insurance. We will file to your primary dental insurance only. Dr. Tomeo is NOT in network with any medical insurance.

The patient and/or guardian is ultimately responsible for ALL treatment costs whether the insurance company pays or not. Very few Insurance plans pay 100% of the costs. Estimated co-payments and deductibles are due the day services are rendered.

If payment of a claim is delayed for more than sixty(60) days for any reason, the balance becomes due and payable in full and is subject to finance charges.

Any insurance payment and/or co-payment amounts given are estimates, NOT a guarantee of payment or release of patient financial responsibility. All insurance payments are subject to your individual insurance plans provisions and limitations which you can find in your plan booklet.

TO ALL MEDICARE PATIENTS

Medicare does NOT cover most dental procedures.
Dr. Tomeo is NOT a Medicare provider and therefore will NOT submit claims to Medicare.

I have read completely, and understand the above information.

Dental Insurance Company: _____

Employer:_____ Member ID:_____

Name of Policyholder:_____

Date of Birth:_____-_____-_____ SSN of Policyholder:_____-_____-_____

I hereby authorize Charles A. Tomeo DMD, to furnish information to my dental insurance carrier concerning my treatment. I also hereby assign Charles A. Tomeo DMD, all payments for services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by my insurance.

Signature:_____

Date:_____