

Drs. Rosenlieb, Alexander, Abel, and Parets

928 Farmington Avenue
West Hartford, CT 06107

Telephone: 860-233-7514
Fax: 860-232-1069

To our patients,

Our office staff is very willing to assist you in obtaining your maximum amount of dental insurance benefits. There are many, many different dental insurance companies and every plan is unique to the employer who purchases it. We encourage you to become familiar with your particular policy's deductibles, exclusions, co-payments, maximums, waiting periods, etc. Some policies have a network list of dentists that you must see to get coverage. Your employer should provide you with all the necessary information to understand your benefits.

However, your dental insurance may not necessarily provide coverage for many standard dental procedures. Dental policies only cover certain percentages of certain procedures. The remaining balance is your co-pay. There are also many available dental procedures which have no benefits. Your dental plan will say: "It is not that this dental treatment is not necessary or needed, it is just not a covered service under this policy." We will gladly submit claims to your dental insurance for you, but please understand that you are ultimately responsible for any charges incurred in our office.

Insurance companies encourage submitting a "pre-determination" of benefits before any major work is done. If you are concerned about the amount of coverage you might have, please ask us to send in a "pre-d" for you.

If at any time you have questions regarding your dental coverage, please do not hesitate to contact us so we can help you.

Comprehensive Dental Care

Patient's signature: _____ Date _____

PRIMARY DENTAL INSURANCE:

Policy Holder's Name _____
Insurance Company _____
Insurance Co. Address _____

Telephone # _____
Policy Holder's Employer _____
Policy Holder's I.D.# _____
Policy Holder's Birth Date _____
Group # _____

SECONDARY DENTAL INSURANCE:

Policy Holder's Name _____
Insurance Company _____
Insurance Co. Address _____

Telephone # _____
Policy Holder's Employer _____
Policy Holder's I.D.# _____
Policy Holder's Birth Date _____
Group # _____
