

**PIDC, LLC is in network with the following DENTAL INSURANCE companies ONLY:**

- Aetna PPO
- Cigna PPO
- Delta Dental
- MetLife
- Guardian PPO

*In compliance with the State of Connecticut Public Act no. 11-58, dental services or procedures that are not covered benefits under your dental plan, though we are a participating provider, will be charged at the office's price. **State regulations allow participating dentists to charge fees that may be different than the contracted fees for services that are never covered under the member's dental policy.***

As a courtesy to our patients; we will submit all claims to your dental insurance company.

Pre-Treatment Estimates are available **upon request ONLY**. Response time varies between 4-6 weeks. Please let us know if you are interested in pre-determination of benefits.

**We do not submit claims to medical insurances.**

Please Note: Actual benefits determinations are made when services are rendered and are subject to the following as applicable on the date of service: patient eligibility; plan and frequency limitations; exclusions; maximums and deductibles; and other coverage. **Pre-Treatment Estimates and/or telephone conversations with representative or office staff are not a guarantee of payment.**

I understand that I am financially responsible for all charges whether or not paid by insurance.

I understand that it is my responsibility to advise your office of any changes with my insurance information.

Insurance co. \_\_\_\_\_ Subscriber \_\_\_\_\_

Subscriber's DOB \_\_\_\_\_ Gender:  Male  Female Employer \_\_\_\_\_

Relationship to patient:  Self  Spouse  Child

ID # \_\_\_\_\_ Note: If your insurance card does not provide you with an identification number we

will need to use your social security number as your identification number. SS# \_\_\_\_\_

Group/Account # \_\_\_\_\_ Insurance's phone number \_\_\_\_\_

Insurance's Address \_\_\_\_\_

By signing this form, you acknowledge that you have read and accept our Policy.

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Signature of patient or legal guardian

Name of patient

Date