

Dr. Andrea Barrett DDS
(732) 846-2494

812 Hamilton Street
Somerset, NJ 08873

BelBar Dental Assoc.
Dental Insurance Policy

Office Policy Re: Dental Insurance

Patient Name: _____

Date of Birth: _____

- It is absolutely necessary that you, the Patient/Policy holder come into our office with your dental insurance card along with the subscriber's (policy holder) information and be fully aware of your own insurance policy and how it works – prior to being seen by the doctor.
- However, we will file your insurance at no charge and will make every effort to assure that you receive maximum benefits allowed. In order to provide this service, we will need your updated insurance information before each appointment. Our office is not responsible for keeping track of your insurance changes.
- Due to the constant changing rules of the insurance companies, it is extremely difficult for our staff to keep up with each and every patient's individual insurance policy.

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of patient): _____
