

Livingston Pediatric Dental Associates

Secondary Dental Insurance

When you are covered by two dental plans this is called "dual coverage." This does not "double" your coverage. Dual coverage may reduce your out-of-pocket costs. Primary dental insurance simply works with the other insurance company (secondary insurance) to coordinate your benefits.

The plans set forth rules to determine which plan pays first, ("primary") and which plan pays afterwards ("secondary"). For your children's coverage, generally the primary insurance company is determined by the birthday rule (i.e., coverage of the parent whose birthday —month and day, not year — comes first in the year is considered to be your children's primary coverage). A divorce agreement or other court ruling may supersede the birthday rule. For example, if both of your plans provide two cleanings a year, each with 80 percent coverage, then: You would not be entitled to four cleanings a year. The primary plan pays its benefit as if there is no other insurance. The secondary plan will act as a supplement to the primary plan with its payments limited to the lesser of its normal benefit or the patient's out-of-pocket costs under the primary plan.

If you have dental insurance coverage we will be happy to file your forms as a courtesy, but to do so we need all the correct insurance information. We do not know the specific benefits that your dental insurance provides. We are not an HMO or PPO insurance contracted office, we are considered "out of network." Therefore, you are responsible for the balance after insurance pays. (_____) Initials

HELP US -- HELP YOU We need you to inform us **ANY** changes to your dental insurance.

If you have Dual Insurance:

Name of 2nd Insurance Company _____

Address of 2nd Insurance Company _____

Phone # of 2nd Insurance Company _____

Group # of 2nd Insurance Company _____

Subscriber's Name _____

Subscriber's Employer _____

Subscriber's Social Security # _____

Subscriber's Date of Birth _____

Subscriber I.D. # _____

Plan Effective Date _____

Thank you for your help. This ensures that we can file your insurance correctly the first time.

Signature _____ Date _____