

**Valencia Children's Dental Group  
Mulcahey Orthodontics**

27885 Smyth Drive  
Valencia, CA 91355

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**Insurance information for our Patients:**

At Valencia Children's Dental Group and Mulcahey Orthodontics our goal is to provide quality care for our patients. As a part of this care we try to the best of our ability to help our patients understand and work with their dental insurance. We will contact the insurance company for you and obtain benefit information for the subscriber and his/her dependents. As an added service, we will bill your insurance company and accept assignment from the dental insurance company so that you will be required to pay only your patient portion at the time of treatment.

We base our estimate of your portion on the preliminary information we receive from the company. Sometimes, however, the information we receive from the insurance company is not completely accurate, since they will not guarantee the details regarding payment until the claim is actually received and processed. Consequently, there are times when the insurance will pay more or less than our original estimate. When that occurs, we will either bill you for the remaining balance or issue a refund check.

Some insurance companies will send money only to the subscriber and will not send it to us. If that is the case, you will be responsible for all fees at the time of treatment.

When an employer provides a dental insurance plan for their employees, the agreement is between the insurance company, the employer and the employee. Valencia Children's Dental Group and Mulcahey Orthodontics are not participants in that agreement. Ultimately, you are responsible to us for any fees incurred while undergoing treatment in our office and your insurance company is responsible to you.

We hope this helps you understand our office policies regarding dental insurance. We look forward to providing excellent dental care for our patients.

I have read and understood the office policies of Valencia Children's Dental Group and Mulcahey Orthodontics regarding dental insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date