



INSURANCE BILLING INFORMATION AND PAYMENT AUTHORIZATION

- * We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company.
- * As a courtesy to you we will help you process all your insurance claims. Please understand that we will provide an insurance estimate to you, however, it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits will determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- * We ask that you pay the deductible and co-payment, which is the estimated amount not covered by insurance. If there is any balance remaining once we receive the insurance payment we will bill you and expect payment within 30 days unless other financial arrangements have been made and approved.
- * We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid.
- * We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payments directly to our office.

CONSENT

I have read, understand, and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that responsibility for payment for dental services provided in this office for myself or dependents is mine. I further understand that a finance charge will be added to any overdue balance after 90 days .

Patient signature/legal guardian

Date