

ASSOCIATES IN DENTISTRY

DENTAL INSURANCE POLICY

As a courtesy to our patients, we gladly process your dental claims. However, patients who carry dental insurance must remember that professional services are rendered and charged to the PATIENT and not to the insurance company. Our office cannot accept responsibility for collecting your insurance claim or negotiating a settlement on a disputed claim. YOU ARE RESPONSIBLE FOR PAYMENT ON YOUR ACCOUNT. In order for us to be able to bill your insurance for you, we will need for you to provide us with the necessary forms, signatures and paperwork. Finance charges will be added to your account starting 60 days after your service, if the balance has not been paid in full. The following information will be kept in your record for our use in billing your insurance for you.

SIGNATURE ON FILE

I authorize use of this form on all of my insurance submissions.

I authorize release of information to all of my insurance companies.

I understand that I am responsible for my own bill.

I authorize my doctor to act as my representative in helping me obtain payment from my insurance companies.

I authorize payment directly to my doctor.

I permit a copy of this authorization to be used in place of the original.

I understand that any balance not paid for in full by my insurance company is my responsibility and I agree to pay such balance. In the event that my obligation remain unpaid and requires referral for collection, I agree to pay all costs of collection, but not limited to reasonable attorney fees and court costs.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_