

FILING YOUR INSURANCE CLAIM

Our office is pleased to accept your insurance assignment. As soon as your exact coverage can be verified by your insurance company, we will file your claim forms and assist you in getting your claim paid.

However, it must be fully understood that the contract is between you and your insurance company and that you are fully responsible for any amount not paid by your insurance.

Our office policy regarding insurance assignment:

1. The courtesy of accepting your insurance assignment may be withdrawn if circumstances warrant.
2. If you discontinue care without the Doctor's authorization or do not return to have an emergency procedure completed, the balance of your account is due and payable in full immediately, even if your insurance has been filed. (If the insurance does pay, it will be refunded if you have a zero balance.)
3. Your insurance should pay within 30 days. If your insurance has not paid within 45 days, you must pay the balance due and be reimbursed by your insurance company when and if it pays.
4. Our office does NOT guarantee payment by your insurance company. We will make every attempt, at the beginning of your dental care, to receive verification of your policy and what it covers. However, if for some reason your insurance claim is denied, you are responsible for the full amount of your bill.
5. Our office will NOT enter into a dispute with your insurance company over your claim. This is your responsibility and obligation.
6. All special arrangements regarding finances must be signed by you as the patient/guardian and our Office Manager. This office accepts cash, check or MasterCard / Visa as payment.
7. In the event that your insurance company pays you directly, your obligation is to send us a check for your dental services immediately upon receipt of the insurance check.

If you understand and agree with all of the above policies, please sign your name below and we will submit your insurance claim for you.

Signature of Patient, Parent, or Guardian

Date