

## ASSIGNMENT OF BENEFITS AGREEMENT

Our practice will accept an assignment of benefits from your insurance company with the following provisions. It is important to understand, though, that the agreement regarding your dental benefits is between you, your employer, and your insurance company. The obligation you have with our practice is to pay for all treatment and services we provide to you, regardless of the amount that may or may not be reimbursed by your insurance company. The following provisions identify our policies governing insurance claims.

- Although we are willing to complete insurance information forms and submit a claim on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy we extend to you to save your time and to facilitate payment to our practice from your insurance company. By having our practice process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your treatment.
- We require you to sign this agreement and/or any other necessary assignment documents that may be required by your insurance company. This instructs your insurance company to make payment directly to our practice.
- We require you to pay the estimated co-payment, which is the amount not covered by your insurance company, at the time we provide service to you. The co-payment is only an estimate of charges and may be found to be insufficient after review by your insurance company.
- Insurance payments ordinarily are received within 30-60 days from the time of billing. If your insurance company has not made payment to our practice within 60 days, we will debit your credit card account for the entire balance at that time. You will be responsible for seeking reimbursement from your insurance company. You have the option of being directly reimbursed by your insurance company.
- Our practice does not guarantee that your insurance company will pay for the treatment you receive from our practice. We perform routine insurance billing procedures upon verification of coverage. However, if your claim is denied, you will be responsible for paying the full amount at that time.
- Our practice will not enter into a dispute with your insurance company over any claim, although we will provide the necessary documentation your insurance company requests to sort out any confusion or questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. It is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company to our practice.

**I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE PROVIDER.**

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
Date

**I AUTHORIZE YOU TO DEBIT MY CREDIT CARD IF PAYMENT HAS NOT BEEN RECEIVED FROM MY INSURANCE COMPANY WITHIN 60 DAYS OF RECEIVING TREATMENT and/or IF A TIMELY PAYMENT IS RECEIVED DEBIT MY CREDIT CARD ANY UNPAID BALANCE DUE ON ACCOUNT.**

\_\_\_\_\_  
Print Name on Card

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code