ASSIGNMENT OF BENEFITS AGREEMENT

Our office will accept an assignment of benefits from your insurance company with the provisions listed below. 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 treatment, 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 in an effort to save you time and to facilitate payment to our office from your insurance company. By having our office 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 other necessary assignment documents that may be required by your insurance company. This instructs your insurance company to make payment directly to our office.

- We require you to pay the estimated co-payment. **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 30-45 days from the time of billing. If your insurance company has not made payment to our office within 45 days, we will ask you to pay the entire balance at that time. As a courtesy, we will assist you in seeking reimbursement from your insurance directly to you at that time.

- Our office **does not guarantee** that your insurance company will pay for treatment your receive from our practice, even if we are a proferred provider for that company. We perform routine insurance billing procedures upon verification of coverage. **Verifications of coverage are not guarantees of benefits. If your claim is denied, you will be responsible for paying the full amount at that time.**

- Our office will require you to pay the entire balance if there is an appeal by you or your insurance company over any claim, although we will provide 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.

I HAVE READ AND ACCEPT TERMS AND CONDITIONS OF THIS ASSIGNMENT OF BENEFITS AGREEMENT. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE DOCTOR. IF MY INSURANCE COMPANY MISTAKENLY PAYS ME INSTEAD OF THE DOCTOR I WILL IMMEDIATELY PAY MY BALANCE IN FULL.

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Print Name Date

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Signature of Patient/Responsible Party