

INSURANCE CLAIM CONSENT

Thank you for choosing our office to provide care for your dental health. We are committed to providing you with the best available care.

Our office tries to run on schedule, as your time is as valuable as ours. Patients that are more than 15minutes late for their appointments may need to reschedule for the next available appointment time. A charge will be applied if we do not receive at least a 24 hour notice of a cancellation. Payment is due at the time services are rendered. We accept cash, checks, and most major credit cards.

If you have dental insurance, we are happy to help you receive the maximum allowable benefits. In order to achieve this, we will need your assistance and your understanding of our payment policy. Most insurance companies pay a percentage based on their maximum allowable charges. Each insurance company arbitrarily determines this fee, and you will be responsible for the remaining balance not paid by your insurance carrier.

Int _____ **ALL CLAIMS NOT PAID WITHIN 60 DAYS ARE DUE IN FULL BY YOU.**

We will be happy to accept assignment of benefits, provided we have the necessary information to verify benefits prior to your appointment. Upon verification, you will be responsible for the estimated patient responsibility, deductibles, and remaining balances.

Int _____ **PLEASE BE SURE WE HAVE CURRENT INSURANCE INFORMATION, PRIOR TO YOUR APPOINTMENT.**

Please understand that your insurance policy is a contract between you, your employer, and the insurance company. Filing your insurance is done as a courtesy, and you are responsible for the payment of all charges on this account, regardless of any insurance company's arbitrary determination of benefits or fees.

I have read the above financial policy, and I understand and accept it.

Patient's Name _____ Date _____

Responsible Party _____ Date _____

Relationship to patient _____