

Assignment of Benefits Agreement

Our office will accept an assignment of benefits from insurance companies with the provisions listed below. It is important to understand 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 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.** Having our office process your insurance forms, 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 office.
- We require you to pay the estimated co-payment (the co-payment is the amount not covers by your insurance company) at the time we provide service to you. We will do our best to provide an accurate estimate of your portion of our fee, but there is no way for us to know the exact amount your insurance carrier will pay. If your carrier pays less than our estimate, you will be liable for the difference. If your carrier pays more than our estimate, and your account shows a credit balance, we will cheerfully issue to you a refund.
- Our office does not guarantee that your insurance company will pay for treatment you receive from our practice. We perform routine insurance billing procedures. However, if your insurance claim is denied, you will be responsible for paying the full amount at that time.
- Our office will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company request to sort out any confusion or questions that may arise. We will cooperate fully with the regulations and request of your insurance company. It is intimately 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.

Print Patient's Name: _____

Patient: _____ Date: _____