

# PAYMENT OF SERVICES RENDERED



We are happy to assist you with your dental insurance. In order to help us file your insurance, we ask only that you complete the patient portion of your insurance form and/or have a dental insurance card.

As a courtesy to our patients with insurance, we will accept assignment of benefits directly from your primary insurance company to reduce your personal expense. Please understand that your insurance contract is between you and your insurance company and acceptance of direct assignment benefits does not change that relationship.

We will also be happy to provide you with an estimate for services; however, this is simply an estimate and may not always be accurate. We must, therefore, assume no liability to perform services for prices quoted in the original estimate.

I, the responsible party, understand and agree that I am responsible for the payment of all fees for treatment. If my insurance fails to make payment, or denies payment for any reason, I am responsible for the full amount owed for dental treatment. I also agree that I am responsible at the time of treatment for the estimated amount not paid by the insurance company.

After the insurance company pays their portion there may still be a balance. I will be responsible for the remaining unpaid balance. If there are any questions concerning claims or payments of coverage, I understand that it is my responsibility to resolve these with my insurance company. I further agree that should it be necessary to pursue legal action in recovery of any debt, I would be responsible for all lawyer and collection fees and costs associated with the collection of any overdue balances.

If I have insurance coverage from more than one insurance company, I understand that this office does not file secondary insurance and I am fully responsible for filing for the coverage.

To avoid any misunderstanding and facilitate processing of your dental claims, we ask that you read and sign this agreement.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_