

ASSIGNMENT OF DENTAL BENEFITS AGREEMENT Rev 02/11

Smiles "R" Forever

Our policy applies to all patients who would like us to accept assignment of benefits for their dental care. The following must be read and the agreement signed below provided you understand and agree to our policy regarding dental benefits assignment. We are here to help you understand, so please ask questions

We must emphasize that as your dental care provider, our relationship is with you, the patient, not with your dental benefits provider or employer. We are committed to providing you with the best possible care and our professional recommendations cannot be dictated or limited by your dental coverage.

Based on the information your dental benefits provider is willing to provide and due to the complexity and constant changes in insurance payment policies, we cannot be certain or guarantee that your dental benefits provider will pay as expected for treatment received. We can only *estimate* the charges your insurance company may pay on a particular procedure or service.

Your dental benefits are *not* meant to be a pay-all option but an aid usually covering only *basic* dental services. Complex or extensive dental procedures, including *cosmetics*, are often times *non-covered benefits*.

Please be aware that some and perhaps all of the services provided under your particular policy may be considered *non-covered benefits*. Services may also be discounted due to being classified as above their "*Usual and Customary Fee*" or based on a set "*Fee Schedule*". Your available benefits are dependent on how much your employer paid for your particular plan. If you have any questions regarding the details of your plan, we ask that you contact your insurance company.

- You must have a permanent local address for our office to accept assignment for your dental benefits.
- To assist you in receiving your maximum allowable benefits, we do require all pertinent insurance information so that eligibility and general benefits can be verified.
- If your insurance coverage changes or is terminated, we require you to notify our office so that we update our information.
- You have an obligation to pay for dental treatment, regardless of the amount that may or may not be covered by your benefits provider.
- Payment from your insurance will be expected within **60** days from the time of billing. Any services not paid within 60 days, will become immediately due. You will be responsible for seeking reimbursement from your dental benefit company at that time.
- Occasionally, a dental benefits payment will be sent directly to you, the patient. If this occurs, we ask that you bring the payment and attached explanation of benefits to our office.

You will be expected to pay your deductible and co-payment amount your dental benefits company has informed us are partial covered or non-covered services; at the time service is rendered. Please choose between the following methods of payment.

- Credit or Debit Card (Visa, Master Card, Discover or American Express)
- Local Personal Check
- Cash

I certify that I have read and understand the above information to the best of my knowledge. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I accept and agree to the office policy regarding insurance and co-pay agreement.

SIGNATURE OF RESPONSIBLE PATIENT OR GUARDIAN

DATE