

Policy for Acceptance of Dental Plans

For our office to accept assignment of benefits from your dental plan you must read this document and accept the guidelines and policies set forth.

1. **Your dental plan is a contract between you and your insurance carrier. We are not a party to that contract. It is your responsibility to understand your benefits as defined by your plan.**
2. You are responsible for payment of all charges incurred in this office. Some, if not all, of your treatment may not be covered by your dental plan. You are responsible for any finance charges on any outstanding balances. Future services, both dental and clerical may be refused until the balance is cleared.
3. **The custodial parent/guardian is ultimately responsible for the charges incurred at this office regardless of personal circumstances such as divorce or custody issues.**
4. We will not bill your dental plan unless you provide us with accurate information required by your plan in order to submit for a dental claim.
5. If your dental plan has not paid the assigned balance in full within 60 days from the date the charges were incurred, we require payment of your remaining balance.
6. **All estimated co-payments and deductibles are due in full at the time services are rendered.**
7. If necessary we will submit a claim for payment twice to your dental plan. However, if there is no resolution, it is the responsibility of the insured to contact their dental plan and seek payment. We will only provide further assistance once your balance is paid in full.
8. **We cannot accept assignment of benefits for college age student dependants 18 years of age and older. Please have student's school information available for claims processing.**

I have read the above and I understand and agree to abide by this policy. I authorize my insurance carrier to assign dental benefits to this office. I also authorize the release of any information necessary to process my dental claim.

Patient/Guardian Signature

Date