

INSURANCE POLICY & ASSIGNMENT OF BENEFITS

Thank you for choosing us as your dental care provider. Our greatest concern is your complete oral health. Anything we say or do will be centered on that philosophy. We are committed to your treatment being successful and maintaining good oral health. Please understand that the payment of your bill is considered part of that treatment. The following is a statement of our INSURANCE POLICY, which we ask you to read and sign in acknowledgement.

By signing below, I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payors and/or health practitioners. **I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me.**

I understand and agree that my insurance company has rules and guidelines by which my claim may be paid or denied. I understand that I have a contract with my insurance company through my employer or individual plan and that I should know what to expect from my benefits. I further understand that Northpark Dental Associates does not have a contract with my insurance company and therefore cannot guarantee any coverage, benefits, and/or payments from my insurance company. Northpark Dental Associates will attain information regarding my eligibility and benefits with my insurance company, file claims electronically, and accept assignment of benefits; however, since every insurance company plan pays differently on many services they cannot guarantee that the insurance company will pay as estimated. I also understand that my insurance company may determine benefits based on their own set fee schedules or maximum allowable fee schedules and that my insurance company will not share such information with Northpark Dental Associates because they are not in contract with my dental insurance company.

I understand and agree that I am responsible for the payment of all treatment fees on my account. If my insurance company fails to make payment within 30 days, I will be responsible for the full amount owed to Northpark Dental Associates.

I understand and agree that I am responsible for any co-pays, the estimated amount not paid by the insurance company, as well as any deductibles that may be inherent to my plan at the time of service.

I understand that after the insurance company pays Northpark Dental Associates there could still be a balance remaining, for which I am responsible. I agree to pay any unpaid balance in full within 30 days of being billed unless prior arrangements have been made in advance.

We will do our best to accommodate your needs and work with you to maximize your dental benefits and create a dental plan that works for you.

Printed Name

Signature

Date