

OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

Our office will accept your insurance on assignment. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. Our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation. All charges incurred are YOUR responsibility.

Our office will file your claims for you and assist you in every way possible to ensure benefit recovery.

At the beginning of your treatment our office will make every attempt to verify your policy benefits, however, this office **DOES NOT** guarantee your insurance policy or payment.

1. Your insurance will be filed as a courtesy to you. We file insurance claims on a daily basis.
2. You are required to sign this form and any other forms required by your insurance company on your first visit.
3. If your insurance company requires their own claim form(s), you are required to bring in the completed form(s) by your second visit and then as needed.
4. Your insurance should pay the claim within 60 days from when it was filed.
5. Any overpayments made by your insurance company which credits your account will be refunded to them.

Please Initial:

___ You will be responsible for your deductible and co-payment at the time of visit. If your insurance company does not pay something that was anticipated, you will be responsible for the amount as soon as we/you are aware of the denial.

___ By taking your insurance on assignment, our office agrees to wait for a portion of your bill for 30 days. In the event that your insurance company does not pay on a timely basis, you will be asked to pay.

___ If your insurance company mails a check directly to you for our services, you must bring the misdirected check to our office with 48 hours.

Assignment of Benefits

I hereby instruct and direct _____ Insurance Company to pay by check made out and mailed to: Rein M. Dickerson, DDS.

A photocopy of this Assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I have read and understand the policy regarding insurance assignments. I realize that I am responsible for all charges incurred by myself and those covered under my insurance plan.

Signature

Date