



To Our Patients Who Have Dental Insurance,

**Assignment of benefits** is known as direct payment from a 3rd party Insurance to the provider (your dental office).

Assignment is a **privilege** extended to individual patients by our office **not a right**. Failure to accept or comply with any of the conditions of this agreement may result in the loss of this courtesy.

**Your** insurance coverage is an arrangement between **your** insurance company and **your** place of employment. There are many different policies and forms of coverage, for example, some plans cover as little as 20% of dental treatment costs, while others may cover as much as 100%. Please be aware that your coverage may not be based on the current dental fee guide. The amount of coverage that has been arranged does not involve the dentist.

Our staff would be happy to complete your insurance forms and mail them to your insurance company. Your insurance company will in turn send the funds directly to this office.

The unpaid portion, **even if estimated**, that your dental plan does not cover, is your responsibility.

- **The out of pocket portion MUST BE paid at each and every appointment**
- **You are responsible for ANY treatment no longer covered by your dental plan.**

Please feel free to ask if you have any questions.

**Patient's Acknowledgment:**

*I have read and understand the above, and agree to assume full liability for fees not covered by my insurance plan.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_myself only      \_\_\_\_\_everyone under my account