

Assignment of Dental Insurance Benefits

Welcome to our office! We are committed to providing you with the best possible dental care with kindness and professionalism. We are happy to work with you by submitting your insurance claims with participating insurance carriers, but would like you to understand our office policy regarding insurance assignment.

Please bear in mind that your dental insurance is a contract between you, your employer and the insurance carrier. Generally, our fees fall within the range most insurance companies accept and are therefore covered up to the maximum allowance negotiated with each insurance company. However, not all services are covered benefits in every contract.

For services that are not covered at 100%, we require payment of your portion at the time of your visit. (Example: Your fee for service- \$100. Insurance pays at 80%- \$80. Your responsibility at the time of your visit - \$20)

You acknowledge that it is your responsibility to:

1. Provide complete up-to-date information on dental insurance coverage for the patient. This includes information on all plans, if enrolled in more than one plan.
2. Present a valid insurance card at each visit.
3. Pay your portion for services not covered at 100% (see above) at each visit.
4. Pay within 30 days any balance on your account for any amount due this office, such as deductibles, coinsurance, copayments, or non-covered services.

You are ultimately responsible to pay the dental bill if the assignment of benefits is not honored in whole or in part.

Your signature below indicates:

1. You understand and accept our policy of assignment of insurance benefits.
2. You attest to the accuracy and completeness of the dental insurance coverage information.
3. You authorize this office to release the information necessary to process your claims and appeals.
4. You authorize payment of dental benefits to Omni Dental Associates, PC.,

Signature of Patient or Responsible Party

Date

Relationship to Patient