

We would like to take a moment and explain the financial policies of our office. Recently, we have seen continuous changes in the insurance plans of our patients. In order to serve you properly, it is essential that you provide us with the most updated information, in detail, concerning your dental insurance. For example, Prudential Insurance now has four totally different dental plans. Knowing you have Prudential Insurance is not sufficient for us to process your claim.

Hamilton Dental Associates is not an agent of, nor is it associated with, any dental insurance company. At the present time, as a courtesy to our patients, we are happy to provide the service of completing, submitting and receiving payments from your insurance company. We will do everything legally possible to help maximize your insurance benefits.

It is important that you understand that any pre-estimate, either determined by our office or your insurance company is not a guarantee of payment. The insurance payment received is determined by your eligibility at the time of treatment, deductibles, yearly maximum, family maximum and any other of the many criteria your insurance company uses to determine benefits. **We cannot guarantee payment** or be held responsible for multiple inquiries or requests by your insurance company.

The ultimate responsibility of determining and understanding the details, restrictions and limitations of your insurance is yours. All fees for your treatment are your responsibility, not the responsibility of your insurance company. We will make all reasonable efforts to help you communicate with your carrier and do our best to obtain your maximum benefit for your treatment. However, we cannot assume responsibility for your insurance company or their refusal to pay claims.

For our patients who do not have dental insurance, payment is expected at the time of treatment unless other arrangements have been made in advance.

For our patients with dental insurance, signing this form gives permission to provide your insurance carrier with information from your records they request to process your claims. Patients also agree to endorse to this office dental benefit payments issued to them by their insurance provider for dental services performed by this office within ten business days after receipt. If the amount owed to this office is less than the amount of the dental benefit payment, then the patient shall pay only the balance owed.

Credits will be kept on accounts unless otherwise requested. If requested, refunds will be issued within 30 days of request.

I understand that I am financially responsible for all professional services rendered, and that a 1½ % monthly late fee may be assessed on all unpaid balances that are more than thirty days past due from the date of service.

PRINT

Patient, Parent, Responsible Party

SIGNATURE

DATE