

ACCEPTING INSURANCE ASSIGNMENT POLICY

Our office is pleased to accept your insurance assignment. We offer this service as a courtesy to our patients. However, it must be clearly understood that the “CONTRACT” is between the patient and the insurance company, the account thereby being the responsibility of the patient for any amount not paid by the insurance company. Below are statements of our policies governing insurance claims:

1. With the exception of Delta Dental Insurance, our office does bill the insurance company. Therefore it is necessary for the patient to have all of the insurance information filled out completely. If this is not completed, we will not be able to appropriately bill the insurance company, and the responsibility for payment then becomes that of the patient. There are no exceptions to this policy.
2. We require our patients to sign an “Authorization to pay the Doctor” form located on the bottom of page 2 of the Patient Information form (or any other necessary assignment documents required by your insurance company). By doing so, the insurance company will make payments directly to our office.
3. The patient will pay the co-payment (the amount not covered by the insurance company) and applicable deductible as agreed upon during the financial consultation is due on date of service. The insurance company will never guarantee payment – they only give us an estimated fee amount. The patients portion may be more than the estimate given to us by the insurance.
4. Insurance payments ordinarily are received within 30 to 60 days from the time of billing. **If a patients insurance company has not made a payment to our office within 90 days**, we may request that the patient pay the balance due, and then seek reimbursement from the insurance company when and if it pays.
5. Our office does NOT guarantee that the patient’s insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason, the patient’s insurance claim is denied, the patient is then considered to be responsible in full for the amount of the bill.
6. Our office will not enter into a “dispute” with an insurance company over any claim. Although we will work with the insurance company to sort out any confusions or questions which might arise. We cooperate fully with the regulations and requests of the insurance companies. It will be, however, the responsibility of the patient to handle with the insurance company any type of dispute over payment by the company.

If you understand and agree with all of the above practice policies, please sign your name below and we will accept your insurance assignment.

Signature of Patient or Responsible Party

Date