

Assignment of Dental Insurance Benefits

Welcome to First Impressions Dental! We are committed to providing you with the highest standard of care possible. Our office puts in a great deal of time and effort to assure our patients receive the maximum allowed benefit under their insurance plan, however we would like you to understand our office policy regarding insurance assignment. Please keep in mind that your dental insurance is a contract between you, your employer and the insurance carrier. As a courtesy we will bill your insurance company. It is your responsibility to know and understand your plan benefits and update us regarding any changes with your dental coverage. **Although we estimate your benefits based on the information provided to us by your insurance carrier, your insurance makes the final determination of payment.** Any amount not paid by your insurance company is your responsibility. There are certain cases that the insurance company applies an alternate benefit on service codes submitted. It is the patient's responsibility to pay the difference. **We will diagnose what is in the best interest of the patient, not what insurance covers. Our office will only submit procedure codes that are completed, submitting alternate codes just to assure coverage is insurance fraud.**

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%** 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 outstanding claims left unpaid by your insurance carrier.
5. To know that any balance left unpaid for **90 days** or longer will be sent to an outside collection agency. In the event this happens, there will be an addition **30%** fee added to your balance.

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 in addition to payments of dental benefits to First Impressions Dental.
 4. You have acknowledged that First Impressions Dental is in compliance with HIPPA's privacy policy stating that we are required to maintain the privacy of your health information.
 5. You understand and agree to the terms and conditions to **First Impressions Dental office policy.**
- Please know this information is on file in our system and is always available to you by request.

Signature of patient or responsible party: _____ **Date** _____