

INSURANCE INFORMATION

ASSIGNMENT OF BENEFITS

I hereby authorize payment of group dental benefits, otherwise payable to me, the named provider for professional services rendered.

SIGNED (subscriber) \_\_\_\_\_ Date \_\_\_\_\_

RELEASE OF INFORMATION

I authorize release of any dental information necessary to process this claim.

SIGNED(patient) \_\_\_\_\_ Date \_\_\_\_\_

I understand that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some Insurance companies pay a fixed fee for services and some pay a percentage of the charge. It has been explained that the insurance company fees are set individually by the insurance company and does not reflect the prevailing charges for this area. It has also been explained to me that even if a predetermination has been done that does not mean that an insurance company will always pay that amount. It is not the responsibility of this office to resubmit a claim once a payment or denial has been made. I understand that it is MY RESPONSIBILITY TO TAKE CARE OF ANY REMAINING BALANCE WITHIN 30 DAYS OF NOTICE OF THAT BALANCE. I KNOW THAT I AM ULTIMATELY RESPONSIBLE FOR ALL FEES INCURRED.

SIGNED(patient) \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_  
 PRIMARY INS CARRIER \_\_\_\_\_ GROUP# \_\_\_\_\_  
 INS ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_  
 SUBSCRIBER NAME \_\_\_\_\_ SS# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_  
 SECONDARY INS CARRIER \_\_\_\_\_ GROUP# \_\_\_\_\_  
 INS ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_  
 SUBSCRIBER NAME \_\_\_\_\_ SS# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

-----OFFICE USE-----

PERSONS SPEAKING TO \_\_\_\_\_  
 PERIO COVERAGE YES NO  
 ANNIVERSARY DATE \_\_\_\_\_  
 SURGERY UNDER DENTAL OR MEDICAL  
 ASSIGN BENEFITS YES NO  
 DEDUCTIBLE \$ \_\_\_\_\_ YES NO  
 PRE-DET MANDATORY \_\_\_\_\_  
 YEARLY MAX \$ \_\_\_\_\_  
 PORTION OF MAX USED \$ \_\_\_\_\_

% COVERED PREV		BASIC		MAJOR	
4249	4260	4263	4271	4240	4273
0470	9940	4341	4270	9952	4266