



# DENTISTRY FOR HEALTH

*General - Cosmetic - Craniofacial Pain - Sleep Apnea*

DENTAL CARE FOR A HEALTHY LIFE.

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## **Financial and Appointment Agreements**

Thank you for choosing *Dentistry For Health* for your dental home. As a special service to you, we assist you in filing insurance claims so that you might receive the maximum benefit available from your insurance coverage. This allows you the financial freedom of paying only your part of the treatment fee while we accept direct payment from your insurance company to our office. In relieving you of this financial burden, we become very vulnerable to the insurance company; therefore, we have set some guidelines and limitations which must be recognized and adhered to.

### ***PECULIARITIES:***

We cannot be held responsible for knowing all the peculiarities and requirements of all insurance companies we work with. **It is the policy holder's responsibility** to become familiar with their own policy. If there is a peculiarity about your insurance company of which we are not informed, and it results in an underpayment of estimated benefits, we will not be held responsible and the unpaid amount will be applied to your portion of the account.

### ***CHANGE IN BENEFITS, ELIGIBILITY, OR CARRIER:***

At any point in treatment, if you change jobs or become ineligible for benefits, or your employer changes insurance carriers, you must notify us immediately.

### ***INTENTIONAL OR UNINTENTIONAL WITHHOLDING OF BENEFITS:***

When benefits are assigned directly to this office, if the insurance company sends a check to you in error, we will hold you responsible for immediate and complete reimbursement. Should you receive a check from your insurance company, mail or bring it to this office. Do not deposit or cash it. Any attempt to withhold insurance funds received by you in error will result in an immediate termination of this financial agreement and we will hold you responsible for the balance of any unpaid amounts.

### ***MISCELLANEOUS:***

At the conclusion of treatment, if the insurance company has not paid the entire benefit available, we will hold you directly responsible for payment of the entire account balances left unpaid.

At any point during treatment, if the insurance company become uncooperative, we reserve the right to refuse to work with that insurance company and will look to you for payment of the remaining balance and you will have to settle with your insurance company.

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Patient or Guardian Signature

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Date