

**ASSIGNMENT OF DENTAL BENEFITS**

Welcome to Vivid Dental, the office of Megan Ross, DMD! We are committed to providing you with the highest standard of care possible. Our office puts a great deal of time and effort to assure our patients receive the maximum allowed benefits 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 and charges for services that are completed.**

**You acknowledge that it is your responsibility to:**

- Provide complete up to date information on dental insurance coverage for the patient. This includes information on all active plans if enrolled in more than one.
- Verify all current insurance benefits at each visit.
- Pay your portion for any services not covered at **100%**.
- 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.
- To know that any balance left unpaid for 90 days or longer may be sent to an outside collection agency. In the event this happens, there will be an additional **30%** fee added to your balance.

**Your signature below indicates:**

- You understand and accept our policy of assignment of insurance benefits.
- You attest to the accuracy and completeness of the dental insurance coverage information.
- You authorize this office to release information necessary to process your claims and appeals in addition to payments of benefits to Vivid Dental.
- You have acknowledged that Vivid Dental, follows HIPAA's privacy policies requiring the office to maintain the privacy of your health information.
- You understand and agree to the terms and conditions of Vivid Dental policies. Please know that this information is on file in our system and is always available to you by request.

**Signature of Patient/Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Uninsured Patients:**

- If you do not have dental insurance, payment for services is due at time of service.
- I acknowledge that I understand that payment is expected at time of service unless a payment plan is agreed to and established on my behalf.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_