

INSURANCE ASSIGNMENTS

If this office is unable to accept your insurance company's assignment, it does not absolve the patient of full responsibility for the charges in full for treatment rendered. The estimate provided by this office is considered as a guideline until the final insurance payment is received and the patient's account has been reconciled. This office can make no guarantee of the insurance payment as estimated. The agreed upon payment plan for the patient's estimated portion must be kept current or the assignment will be cancelled and the full amount will become due and payable. Claims are submitted promptly after treatment is rendered, and if not paid by the patient's insurance company by the 91st day after treatment, will be billed in full to the patient. Our administrative staff prides itself on helping our patients maximize their benefits. We are always available to answer your questions.

I, the undersigned, have insurance with _____

Name of Insurance Company

And assigned directly to Meeuwsen Dental PLLC dba Kent City Dental Center, all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

Signature of Insured/Guardian

Financial Agreement

Be advised the policy of this office is interest of 1.5% per month (18% ANNUAL PERCENTAGE RATE) will be applied to all account over 60 days.

I, acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents/guardians are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges not covered by insurance.

Signature of Insured/Guardian