Office Financial Responsibility Policy
(Updated 4/2014)

Dental insurance is a patient's benefit designed to assist the patient in their financial obligations; it is a contract between the patient and the insurance carrier. The procedures covered under an individual plan are determined by the purchaser (employer) of the dental plan. **Please take the time to know your coverage and limitations.** It is your responsibility to inform us of any changes in your plan since we are not a party to the contract and as a result, are not informed of benefit coverage or of any changes to your plan. Recent changes in healthcare law may result in changes in your policy, so be aware. **Treatment is based on your dental health needs not your insurance coverage.**

As a courtesy to our patients, we will submit your insurance claim to your primary insurance company. It is important for you to provide the office with complete insurance information for all carriers with whom you are insured at the time of service. Our office will estimate the anticipated insurance payment and you will be charged accordingly. After the primary insurance payment is received, you will be billed for any difference between the estimated balance and the actual balance. This office does guarantee your insurance will pay. If a claim is denied, we will research why the rejection occurred and if appropriate, will resubmit to insurance. If the claim is denied a second time or has not been paid within 60 days, you are immediately responsible for the entire balance. If you do not have dental insurance, payment is due at the time of service.

Insurance assignment: Insurance benefits are estimates only. I understand I am responsible for any co-payments and deductibles, as well as any procedures not covered by my insurance company. I authorize payment directly to Your Dentistry Today, Inc. of the insurance benefits otherwise payable to me. I understand I am responsible for all costs of treatment. I grant the right of Your Dentistry Today, Inc. to release my dental/medical histories and other information about my dental treatment to third party payers and/or health practitioners. If a bill is unpaid 90 days or more, a collection agency will be used and I will be responsible for all collection costs and legal fees accumulated on my behalf or that of my dependents.

I have read and understand the Office Financial Responsibility Policy and authorize my insurance company to pay Your Dentistry Today, Inc.

Please print name of patient (parent, if minor) or responsible party

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Signature of patient (parent, if minor) or responsible party Date