



Patient Assignment Billing Consent form

Grundy Family Dental Care is very pleased to let you know that we accept insurance assignment at both of our offices (Hanover and Lucknow) from the first to pay “primary” insurance company for those patients with insurance benefits (**excluding sedation services**). We offer this service as a courtesy to our patients, and in the hope that it will help make dental care more accessible for you and your family.

We do however need it to be clearly understood that the insurance contract is between you, the patient, and your insurance company. Therefore, you will continue to be responsible for; understanding your dental plan(s) for any benefits you are eligible for, plus your on-going responsibility for your account with this office, including any amount not paid by your primary insurance company. In the event that you have dental coverage through a second insurance company, you will be responsible for submitting any claims directly for secondary reimbursement.

Please take a moment to review and then sign your understanding and agreement of the following policies governing assignment insurance claims, in order to participate in our assignment program.

1. As our office does bill insurance companies directly, it is very important that you keep us up to date on your current information so that we are able to bill the primary insurance company correctly. Information will include your personal and work address and contact information, dental benefit policy information, who is covered under the primary plan, etc. If our information is incomplete/incorrect, you will be responsible for the entire payment due at time of treatment.

2. Insurance providers require our patients to sign an “Authorization To Pay The Doctor” form in order to participate in assignment billing, as well as any other assignment documents required by your specific insurance company. By doing this, the insurance company should make payments directly to our office for the covered portion.

* If for some reason, you receive the payment via cheque or direct deposit, we need you to come in and settle your account immediately with us.

3. Patients must pay any amount not covered by their insurance company. Failure to do so will restrict our ability to provide future dental treatment until payment is made.

4. Insurance payments are ordinarily received within 30-60 days from the time of

billing. If your insurance company has not made payment for their portion of your treatment to our office within 60 days, you agree to pay all outstanding balances not paid by the insurance company at that time. You may then seek reimbursement from the insurance company and we will assist you if you require it.

5. Unfortunately, our office CANNOT guarantee what a patient's insurance will pay (every person and plan is different). We will perform our routine insurance billing procedures and if for some reason any portion of your insurance claim is denied, you will be responsible for the full amount of the bill.

6. Our office is not able to enter into a dispute with an insurance company over any claim. We will work with you and your insurance company to help clarify any confusion or questions that might arise, cooperating fully within the regulations and requests of the insurance company, while still observing privacy regulations as they apply to your records. However, it is your responsibility to handle any type of dispute with your insurance company.

If you understand and agree with all of the above assignment policies of this practice, please sign your name below and we will gladly accept your insurance assignment.

* Please note that treatment associated with sedation is not processed under assignment. Any questions, please ask.

Policy Holder Name (first, middle & last name printed)

Birthdate _____
Benefit Company _____
Policy # _____
ID #

Subscribers Signature _____
Date

Please include and authorize for assignment billing any dependents (spouse and/or children) as covered by your plan.

Patient Name (first, middle & last name printed) _____
Birthdate _____
Benefit Company _____
Policy # _____
ID #

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Birthdate _____
Benefit Company _____
Policy # _____
ID #

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Assignment Consent

November 9th, 2011