



Assignment of Benefits Form

Patient: _____

Employer: _____

Group #: _____

SSN #: _____

Our office will accept an assignment of benefits from your insurance company with the following provisions. It is important to understand, that the contract regarding your dental benefits is between you, your employer, and your insurance company. The obligation you have with our practice is to pay for treatment, regardless of the amount that may or may not be reimbursed by your insurance company.

Although we are willing to complete the insurance information forms and submit a claim on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy we extend to you in an effort to maximize your insurance reimbursement. By having our office process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your treatment.

Insurance payments ordinarily are received within 30-60 days from the time of billing. If your insurance company has not made payment to our office within 60 days, we will ask you to pay the balance due at that time. You will be responsible for seeking reimbursement from your insurance company at that time.

Our office does not guarantee that your insurance company will pay for treatment you receive from our office.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE DOCTOR.

IF PAYMENT IS MAILED DIRECTLY TO ME, I WILL BRING IN THE CHECK AND EXPLANATION OF BENEFITS WITHIN 1 WEEK OF RECEIPT OR MAIL IT TO:

Dr. Daya Bale, DDS 335 Avenel St, Avenel, NJ, 07001

Signature: _____ Date: _____