

We do not accept insurance as payment on your consultation visit. However, we will help you complete the claim forms so that you can be reimbursed by your insurance company to the extent of your coverage, for this consultation fee.

On treatment visits, we are usually able to accept your insurance if you obtain prior approval from our office. If we accept your insurance, we will have you pay your estimated percentage not covered by insurance (we will determine for you). If your insurance company has not paid the FULL BALANCE within 60 days from date of service, you will have 15 days to pay the balance. Late Payment charges are added to unpaid accounts. If your insurance pays more than your account balance, we will send you a refund immediately.

**INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.**  
We are not usually a party to this contract. However, we will inform you if your contract is one we accept and we will handle your claims according to our agreement. We will file claim forms as a courtesy to our patients, but please remember, **YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.**

This signature on file is my authorization for the release of information necessary to process my claim. I hereby authorize payment directly to the dentist named of the insurance benefits otherwise payable to me.

The undersigned hereby guarantees all indebtedness incurred herein, and in the event this account is turned over for collection, shall be responsible for all costs incurred, including but not limited to responsible attorney fees.

Each party agrees that in the event suit is filed, the Circuit or Superior Court of Marion County shall be the proper court of jurisdiction and venue. Further, each party waives trial by jury.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I have no insurance and know that I am responsible for the payment of my account.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I will be paying my bill today with (please circle one): CASH      CHECK      M/C  
VISA      DISCOVER