



Insurance Information

- As a courtesy to you, our office is happy to process insurance claims on your behalf. We perform routine insurance billing procedures upon verification of coverage. We will make every effort to help maximize your insurance reimbursement for covered procedures. It is important to understand, though, that the contract regarding your dental benefits is between you and your insurance company and we are not a party to that contract. Our office is not responsible for how your insurance handles your claims or for what benefits they pay. We do not guarantee that your insurance company will pay for treatment you receive from our practice. If your claim is denied, you will be responsible for paying the full amount at that time.
- 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 will not enter into a dispute with your insurance company over any claim. We will, however, provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. It is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company.
- Please note that dental insurance is meant to aid in the cost of dental treatment. Most plans only pay a portion of a dentist's fees. You are still responsible for payment of all treatment balances regardless of an insurance company's arbitrary determination of usual and customary fees.

Insurance Assignment and Release

I certify that my dependent(s) is covered by insurance with _____ and assign directly to Dora Lee, DDS, A Professional Corporation all insurance benefits, if any, otherwise payable to me for services rendered. I authorize the use of my signature on all insurance submissions.

Dora Lee, DDS, A Professional Corporation may use my minor/child's health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits payable for related services. This consent to remain in effect until cancelled in writing. **I have read and understand the above terms and conditions**

Signature of Parent/Guardian

Date

Dora Lee, D.D.S., A Professional Corporation