



PATIENT FINANCIAL & INSURANCE AGREEMENT

INSURANCE AUTHORIZATION:

- Patient is responsible for knowing the terms and conditions of his or her insurance coverage.
- Patient may be responsible for obtaining prior authorization for certain services in order for his or her insurance company to pay for those services.
- Patient may be personally responsible for payment if he or she does not obtain any necessary prior authorization, or if his or her insurance benefits are denied, reduced, or terminated.
- Patient is responsible for all co-pays, co-insurance, deductibles and non-covered services.

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS & SETTLEMENTS:

- If Patient is entitled to health care services under any insurance policy from any person or organization which may become liable to Patient to provide such benefits, Patient assigns such benefits to University Pediatric Dentistry, P.C. and practitioners employed by the practice who render such services. Patient further authorizes payment directly to University Pediatric Dentistry, P.C. and such practitioners of all insurance benefits payable. Insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other government sources.
- Patient further assigns to University Pediatric Dentistry, P.C. any payments for medical benefits payable to Patient as a result of any settlement or judgment in a lawsuit.

FINANCIAL AGREEMENT:

- In consideration for services rendered by University Pediatric Dentistry, P.C. and practitioners employed by University Pediatric Dentistry, P.C., Patient guarantees prompt payment of all services not paid by insurance carriers or third parties within thirty (30) days.
- Patient is personally responsible for any amount not covered by his or her insurance carrier or other third party payer, and Patient agrees to make payments for any such amount.
- If University Pediatric Dentistry, P.C. does not receive payment within thirty (30) days from the date the balance is due, the bill may be turned over to an attorney or a collection agency, and if so, Patient agrees to pay a collections fee of 30%, attorney's fees and/or collection fees in addition to the payment owed.
- Patient gives University Pediatric Dentistry, P.C. the right to examine his or her consumer credit report for financial information in relation to his or her responsibility to pay for dental/medical services.