

Style Your Smile Family & Cosmetic Dentistry

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Assignment of Dental Insurance Benefits

Welcome to our dental practice! Our office participates with a number of dental insurance carriers. If you have dental insurance, at the time of your first appointment, please present your dental insurance card to the front desk receptionist so that a copy can be placed in your file.

Please understand that your dental insurance is a contract between you, your employer and the insurance carrier. Generally, our fees fall within the range most insurance companies accept and are, therefore, covered up to the maximum allowance negotiated with each insurance company. However, not all services are covered benefits in every contract. While we will do our best to inform you of these costs in advance, there are instances when the insurance company exercises its right to substitute an alternate, lower cost benefit and this is revealed in the *Estimate of Benefits* when we receive payment from the insurance company. The insured/patient is responsible for paying the difference.

By signing this form below, you acknowledge that it is your responsibility to:

1. Provide complete up-to-date information on dental insurance coverage for the patient.
2. Present a valid insurance card and driver's license to be kept on file.
3. Pay your portion for services not covered at 100%.
4. Pay within 30 days any balance on your account for any amount due this office, such as deductibles, coinsurance, co-payments, or non-covered services, unless prior arrangements are made with the office manager.

You are ultimately responsible to pay the dental bill if the assignment of benefits is not honored in whole or in part.

Your signature below indicates:

1. You understand and accept our policy of assignment of insurance benefits.
2. You authorized this office to release the information necessary to process your claims and appeals.
3. You authorize payment of dental benefits to Style Your Smile Family & Cosmetic Dentistry, LLC.

(Patient/Insured/Responsible Party)

(Date)

Relationship to Patient: _____