

RE: PRIVATE INSURANCE COVERAGE

For those patients who are covered by private insurance, we are pleased to extend the courtesy of billing your insurance company for you.

In order to provide this service for you, we must have complete insurance information and confirmation of your coverage. We ask that you fill out all forms which will give us the necessary information. It is our policy that anything not covered by insurance is to be paid for at the time of service and it is the patient's responsibility to pay..

If your insurance company has not made payment within 90 days of billing, the balance will become the responsibility of the patient. Please remember that insurance is an agreement between the insured and the insure. Therefore, if any problem arises with the carrier, we will ask that you handle it with the insurance company. Our office will provide your insurance company with any additional information which may become necessary for resolution.

For any unpaid balances (CREDITOR) reserves the right to refer unpaid past due balance to third parties for collection. In the event that any past due balance is placed with a third party, I agree to pay any costs of such collection including agency fees, legal/attorney fees and court cost. There will be an additional cancellation fee if we do not receive a 24 hour notice and insurance does not pay for this fee.

I UNDERSTAND AND AGREE TO HONOR MY FINANCIAL COMMITMENT TO THE OFFICE OF EXCEL DENTAL CENTER

Patient Signature-----

Date-----