

DENTAL INSURANCE PATIENTS

We are happy to process any insurance claim as a service to you at no charge. Your dental plan is designed to share in your dental care costs and it may not cover the total cost of your bill. Your insurance policy is a contract between you and your insurance company and we are not a party to that contract.

YOUR FEE IS YOUR RESPONSIBILITY whether your insurance pays us or not. We do not participate in any dental insurance program, as a courtesy to you we will file your insurance claim and wait for payment for 60 days. If we do not receive payment from your insurance company within 60 days, you will be responsible for full payment at that time.

We ask that you pay your portion of the fee at time of service and require that you guarantee the balance of charges not paid by your insurance with a credit card authorization. If you would like us to work with your insurance company please fill out the form below, otherwise we require 50% of the fee at time of service.

When we receive payment with an explanation of benefits from your insurance company, we will run your credit card for the balance, call you and then mail a receipt to you. If the result is a credit balance we will mail you a check.

Our office does not work with Blue Cross Blue Shield, Cobra or any self-insured plans. We will be happy to file your forms after payment is made in full and your insurance will reimburse you.

I understand that the fees I incur at Dr. Mann's office are ultimately my responsibility regardless of whether or not my insurance covers my treatment for whatever reason. I authorize the staff of Dr. Mann's office to charge to my credit card with any balance that is outstanding on my account after my insurance pays, or after 60 days from the date of completion whichever shall come first.

I assign my insurance benefits to Dr. Sheldon R. Mann.

PATIENT NAME

CREDIT/DEBIT CARD ACCOUNT NUMBER

EXPIRATION DATE

CARDHOLDER/ASSIGNED BENEFITS SIGNATURE

DATE