

MyDentist

Insurance Benefits, Medical Information Release and Financial Responsibility Agreement

INSURANCE

MyDentist is dedicated to helping you keep your smile healthy and beautiful for a lifetime. Our office will do everything possible to help you understand and make the most of your dental insurance benefits. As a courtesy, we will complete and submit dental insurance forms to your insurance company to achieve the maximum reimbursement to which you are entitled and will strive to make this happen as quickly as possible.

We can only estimate the amount your insurance company will pay toward each dental procedure and are not able to guarantee what your insurance company will pay. **By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company.** We will file your insurance only under these terms.

In some cases, your insurance company may have a maximum allowable charge for a procedure. This maximum allowable charge, as determined by the insurance company, does not determine the fee you are charged for dental services and may be less than our quoted fee. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company.

In some cases, your insurance company may have a maximum yearly allowable. We will work with you to attempt to control your cost for the year to that amount, if requested. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company.

Payment for dental/medical services must be made when your treatment plan is accepted, or at the time treatment is provided, unless prior financial arrangements have been made.

By signing this agreement, you assign to MyDentist all payments for dental services rendered to you or your dependents. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company. These include any deductible amount, any amount that would be paid by co-insurance and insurance exclusions and/or limitations.

RELEASE OF MEDICAL RECORDS

You hereby authorize MyDentist to release copies of any and all information in your dental/medical records to other dental/medical providers or insurance carriers as a part of, or result of your treatment and/or to any other organization for the sole purpose of obtaining payment for dental/medical services provided to or for you or your dependent/s.

You release MyDentist, its employees and all other persons caring for you at MyDentist from any liability connected with the use of these records or the information in them by anyone outside of MyDentist.

You understand that this release will remain valid until revoked in writing by you.

FINANCIAL RESPONSIBILITY

By signing this agreement, you are indicating that you agree to the terms of this agreement, including being responsible for all legal fees, costs and an annual interest rate of 22% in the event that you breach this agreement. This agreement will be considered breached by you if MyDentist has not received payment in full within 30 days of your receipt of the final bill. In the event of breach of this agreement, all parties stipulate that Oklahoma County, OK will be the county of jurisdiction to hear any dispute arising hereto.

You have read, or had read to you, all of the above and understand all parts of this document.

Patient Signature: _____ Date: _____
Custodial Parent or Legal Guardian must sign if Patient is a minor under the age of 18 or legally incapacitated.

Witness Signature: _____ Date: _____