

Brighter Smiles
Insurance Policy and Assignment of Benefits
(For Patients with dental issuance only)

As a courtesy, we will file the forms necessary to see that you receive the full benefits of your coverage. Because your insurance policy is a contract between you, your employer (if applicable), and the insurance company, it is your responsibility to make sure we have accurate and up to date insurance information. If your insurance company has not paid your claim in full within 45 days the remaining balance will automatically become patient responsibility.

_____ Initials

Please be aware some and possibly all of the services provided may not be covered by your insurance provider. Services which are not covered, downgraded or fall under L.E.A.T (least expensive alternate treatment) by your insurance are your responsibility. Any balance left unpaid after 30 days will be sent to collections, these accounts will accrue a \$35 delinquency fee in addition to any past due balance. _____ Initials

I hereby authorize my primary insurance company to make payments directly to Brighter Smiles. Furthermore, I have read and understand the Insurance Policy for Brighter Smiles. I agree to abide by these policies.

Printed Name: _____ Date: _____

Patient/Guardian Signature: _____

Brighter Smiles
Secondary Insurance Policy
(Patients with secondary dental insurance)

We do not accept assignment of benefits for secondary insurance. Once we receive your primary insurance payment, we will (as a courtesy) file the initial forms for your secondary insurance to send you payment (if there are any benefits payable to you). It is your responsibility to follow up with your secondary insurance for any monies that may be due to you. Once we receive your primary insurance payment any balance will automatically become patient responsibility and is due immediately. _____ initials

I have read and understand the Secondary Insurance Policy for Brighter Smiles. I agree to abide by these policies.

Printed Name: _____ Date: _____

Patient/Guardian Signature: _____