



Sugarland

Periodontics and Implant Dentistry

Saving Smiles and Enhancing Lives

15200 Southwest Freeway | Suite 120 | Sugar Land, TX 77478 | P: (281) 494-2477 | F: (281) 494-2487

ACKNOWLEDGEMENT OF TERMS OF INSURANCE ASSIGNMENT

I acknowledge that I understand the following terms of assignment of my insurance to Sugar Land Periodontics and Implant Dentistry.

No discounts will apply when insurance assignment is accepted.

My estimated copayment is required before any treatment is done.

My estimated copayment will be calculated based on my insurance company's history of reimbursements shown on my primary carrier's E.O.B.'s (Explanation of Benefits) in this office. It may not be the true percentage quoted at verification of benefits, as each insurance company has its own internal fee schedule that may or may not be in line with dental offices across the nations. (Because of the many variations in the way secondary carriers pay benefits, secondary coverage will not be considered when calculating the patient's co-payment).

Payment of my account is totally my responsibility. If insurance denies payment for any reason, or if payment from insurance is delayed beyond 30 days, the balance of my account is due in full.

I understand that "Reasonable and Customary" is a term used by insurance companies to reflect the agreement they have made with my employer. Dental Specialist of Texas accepts insurance assignment as a courtesy to their patients, they are strictly a third party, and all disagreements with my insurance company will be my responsibility to resolve. Sugar Land Periodontics and Implant Dentistry will be glad to furnish x-rays or narratives to help me in any way with disputed claims.

Patient/Guardian: _____ Date: _____
(Signature)

Financial Coordinator: _____ Date: _____
(Signature)