



Insurance Billing Policy and Authorization

As a courtesy, our dental practice is pleased to accept most dental benefits/insurance plans. However, if you become ineligible for coverage for any reason, please be aware that you are responsible for all fees incurred by you and/or your dependents.

Acknowledgement and Assignment of Benefits

I understand that my dental insurance is a contract between my insurance carrier and me and not between the insurance carrier and the dentist. I understand that I am responsible for payment of annual deductibles and patient portions, if any, at time of service. I agree that if my insurance company does not pay for any dental service received by me or anyone authorized to receive dental benefits under the terms of my insurance agreement, that I am responsible for the balance resulting from their failure to pay.

Should I need a pre-treatment estimate, I understand that the estimation of costs is subject to change. Change in the estimation would directly relate to the insurance company's determination and interpretation of my coverage.

By signing this form below, I authorize Louisiana Dental Center's providers to use this signature as authorization of all my insurance claim submissions. I authorize release of information to all of my insurance carriers. I authorize payment to be made directly to Louisiana Dental Center. I permit a copy of this authorization to be used in place of an original claim form. I understand that I am responsible for my bill and that Louisiana Dental Center is acting as an agent to help me obtain payment from my insurance carrier.

First:

Last:

Patient Signature

Date