



# Dental Specialties of Saint Louis University Orthodontic Clinic

## ASSIGNMENT OF BENEFITS AGREEMENT

Dental Specialties of Saint Louis University will accept an assignment of benefits from your insurance company. The obligation you have with us is to pay for treatment, regardless of the amount that may or may not be reimbursed by your insurance company. The following provisions identify our policies governing insurance claims:

- Although we are willing to complete insurance information forms and submit a claim on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy we extend to you. It is important that you understand that this does not eliminate your financial obligation for your treatment.
- We require that you sign this form and/or any other necessary assignment documents that may be required by your insurance company. This instructs your insurance company to make payments directly to our office.
- We do not guarantee that your insurance company will pay for treatment that you or others covered by your insurance receive at Dental Specialties of Saint Louis University. We perform routine insurance billing procedures after verification of coverage. However, if your claim is denied, you will be responsible for payment.
- **We will not enter into a dispute with your insurance company over a claim;** however, we will provide necessary documentation your insurance company requests regarding any confusion or questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. It is ultimately up to you to resolve any type of dispute over payment made or not made by your insurance company.

I have read and understand the above conditions. I hereby authorize my insurance company to pay my dental benefits directly to Dental Specialties of Saint Louis University.

Patient/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Patient/Responsible Party's Name: \_\_\_\_\_

Relationship of Responsible Party to Patient: \_\_\_\_\_