



FINANCIAL RESPONSIBILITY AGREEMENT / INSURANCE AGREEMENT

Thank you for choosing the office of Welborne, White & Schmidt to provide for your dental needs.

As a special service to you, we assist in filing of insurance claims so that you might receive the full benefit available from your insurance coverage.

A valid dental insurance card or detailed insurance information i.e. dental carrier, phone number, group number, and subscriber identification must be presented upon check in.

We permit you to use your benefit to lower your portion of the cost of treatment, rather than paying the full fee up front and waiting for reimbursement from the insurance company. This allows you the financial freedom of paying only **your estimated part** of the treatment fee while we accept direct payment from your insurance company to our office. In relieving you of the financial burden, we allow ourselves to be very vulnerable to the insurance company; therefore, we have set some guidelines and limitations, which must be recognized and adhered to.

PECULIARITIES: We cannot be held responsible for knowing all the peculiarities and requirements of all insurance companies we deal with. It is **YOUR** responsibility to become familiar with your own policy. If there is a peculiarity about your insurance company of which you did not inform us, and it results in an underpayment of estimated benefits, we will not be held responsible and the unpaid amount will be applied to your portion of the account.

INTENTIONAL OR UNINTENTIONAL WITHHOLDING OF BENEFITS: When benefits are assigned directly to this office, if the insurance company sends a check to you in error, we will hold you responsible for immediate and complete reimbursement. Should you receive a check from your insurance company, mail or bring it to this office. Do not deposit or cash it. Any attempt to withhold insurance funds received by you in error will result in an immediate termination of this insurance agreement and we will hold you directly responsible for the balance of the payments due.

MISCELLANEOUS:

- **All patient portion figures provided are only an estimate.**
- If the insurance company has not paid the entire benefit available, we will hold you directly responsible for payment of the entire account.
- If the insurance company becomes uncooperative, we reserve the right to refuse to work with that insurance company and will look to you for payment of the remaining balance and you will have to settle with your insurance company.
- In the case of divorced or separated parents, if the insurance company issues a payment to the non-custodial parent, the custodial parent will become responsible for immediate and complete reimbursement for that amount to this office.

NON-INSURED: Non-insured patients are responsible for any and all charges incurred at the time of service.

FINANCING OPTIONS: We also offer flexible payment options with CareCredit. Please contact our Financial Coordinator for details.

I fully understand the conditions of the insurance Agreement and agree to abide by the limitations set forth. I also understand that I have the primary duty to pay Welborne and White, and that I am responsible for the entire fee. I hereby authorize payment to Welborne, White & Schmidt.

Printed Name & Signature of Responsible Party

Date