

Main Street Pediatric Dentistry  
Penny Resnick-Graulich, D.M.D  
115 Main Street  
Suite 302  
Tuckahoe, NY 10707

### ASSIGNMENT OF BENEFITS

Our practice will accept an assignment of benefits from your insurance company with the conditions listed below. It is important to understand, though, that the agreement regarding your dental benefits is between you, your employer and your insurance company. The obligation you have with our practice is to pay for all treatment and services we provide to you, 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 and file insurance forms on your child's behalf, we do not accept the responsibility for the outcome of the transaction. Completing and filing insurance forms is a courtesy we extend as an effort to save you time and facilitate payment to our practice from your insurance company. By having our practice process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your child's treatment.
- We require you to sign this agreement and/or necessary assignment documents that may be required by your insurance company. This instructs your insurance company to make payment directly to our practice.
- We require you to pay the **estimated** copayment, which is the amount not covered by your insurance company, at the time we provide service to your child. The copayment is only an **estimate** of charges and may be found to be insufficient after review by your insurance company.
- Insurance payments ordinarily are received within 30-60 days from the time of billing. If your insurance company has not made payment to our practice within 60 days, we will ask you to contact them directly and payment will be due our office.
- Our practice does not guarantee that your insurance company will pay for treatment you receive from our practice. We perform routine insurance billing, it is your responsibility to make sure you provide our office with the correct information at the time of service. If the correct information is not given within 30 days of the visit. Our office will require payment due before filing any necessary forms.
- Our practice will not enter into a dispute with your insurance company over any claim although we will provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. It is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company to our practice.

**I have read and accept the terms and conditions of the Assignment of Benefits Agreement. I authorize my insurance company to pay my dental benefits directly to the practice.**

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Print Name of Patient/Patients

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Date

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Print Name of Responsible Party

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Signature of Responsible Party