

Prime Dental Care- USA

Dental Insurance Assignment of Benefits Authorization and Release

***Dental Insurance Policy is a contract between patient (or patient's employer) and the insurance Company, Prime Dental care USA is NOT a part of that contract.**

***As courtesy to our patients, PRIME DENTAL CARE USA will gladly assist you in verifying active coverage, filing, billing, and collecting your insurance reimbursements, but we are unable to accept responsibility for unpaid or denied claims if there is a dispute.**

***By signing below, you hereby assign all reimbursement for services provided for yourself or dependents at PRIME DENTAL CARE USA to be paid or mailed directly PRIME DENTAL CARE USA. It is the reimbursement for the services provided to you at our facility.**

***Sometimes Insurance companies will mail payments to the patient address instead of the dental office, we ask you kindly to bring this payment to our office as it is the reimbursement for the services provided to you at our facility.**

***All balances 30 days and over are PAST DUE and subject to interest.**

***In the event, you or your insurance company fail to pay within 90 DAYS and it is necessary to employ outside collections efforts, you are responsible for costs for collection, including but not limited to court costs, attorney fees and collection agency fees.**

By signing below, I certify that I have completed the above information to the best of my knowledge.

Name of Patient: _____

Responsible Party's Name: _____

Signature of Responsible Party: _____

Date: ____/____/____