



TO OUR PATIENTS WITH DENTAL INSURANCE

We are happy you have dental insurance to help you pay for dental services. You are fortunate to have it and we will go the extra mile to help you maximize your benefits provided by your specific plan. Your insurance company only pays a percentage of the fee, and this varies from plan to plan. Your dental insurance is not designed to pay the entire cost of your treatment, but it is intended to help cover a certain portion of the cost.

PLEASE REMEMBER, HOWEVER, THE FINANCIAL OBLIGATION FOR DENTAL TREATMENT IS BETWEEN YOU AND THIS OFFICE, AND IS NOT BETWEEN US AND THE INSURANCE COMPANY.

If payment from your insurance company has not been received within 30 days of filing, we will re-file along with a "trace-letter". If after 45 days we still have not received a response from your insurance company, we may request your assistance in dealing with them. If after 90 days we have still not received payment, your account will become payable upon notice and any outstanding balance may be subject to a 1.5% per month (18% APR) service charge.

Thank you for your cooperation

I hereby authorize payment to West Mobile Children's Dentistry of the dental insurance benefits otherwise payable to me. I understand that I am personally responsible for all charges rendered regardless of insurance coverage.

FEDERAL AND STATE REGULATIONS REQUIRE THE FOLLOWING STATEMENT

I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any and all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right to exemption under the laws of the Constitution of The State of Alabama and any other state.

I agree, in order for us to service your account or to collect monies you may owe, West Mobile Children's Dentistry and or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I also understand that when appropriate, credit reports may be obtained.

I have read this and agree that West Mobile Children's Dentistry, and its employees and or agents may contact me as described above.

Signature

Date