

Park Dental Financial Consent & Insurance Policy

Park Dental can file the insurance claims on behalf of the patient and request their insurance company to pay the dental office directly. Patients are required to pay the remaining balance not paid for by the insurance policy.

We do our best to handle all the billing details with the insurance company but ultimately the financial responsibility for services rests with the patient, regardless of any insurance coverage. Your insurance policy is a contract between you and your insurance company, we can not guarantee payment or coverage of your claim.

It is your responsibility to ensure the personal information provided is correct. If your insurance company pays the subscriber directly and payment is not made to Park Dental within 14 days, an additional \$25.00 charge will be applied.

Primary Insurance Policy

Name of Insurance	_____
Your name (as it appears with ins)	_____
Employer	_____
Date of birth (day / month / year)	_____
Group / Policy / Contract / Plan #	_____
Certificate / Member ID #	_____

If applicable:

Spousal Insurance Information (Secondary Insurance Policy)

Name of Insurance	_____
Spouse's name (as it appears with ins)	_____
Employer	_____
Date of birth of spouse (day / month / year)	_____
Group / Policy Contract / Plan #	_____
Certificate / Member ID #	_____

If you are currently on SOCIAL SERVICES/AISH or have TREATY STATUS, please present your card to the front desk.

If you require a PREDETERMINATION, you MUST notify us prior to beginning treatment. It may take 10 – 15 days for you to receive the predetermination by mail. Some insurance companies will not release predetermination information to us so it's important you communicate with us when you receive it.

I authorize release to my dental benefits plan administrator and CDA, of information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described, to the named dentist. This authorization shall continue in effect until the undersigned revokes the same.

Date

Print Name

Signature