GEORGETOWNE PARK
ENDODONTICS
OF NORTH BETHESDA

INSURANCE BENEFIT, FINANCIAL & PAYMENT POLICY
Dr. Ali R. Eghtesadi

Our office is pleased to accept your insurance assignment. After verification of coverage, we will file your claim forms and assist you in every way we can. However, it must be fully understood that the contract is between **YOU and your insurance company and YOU are fully responsible for any amount not paid by your insurance company.** Our office does NOT guarantee that your insurance company will pay. We will make every attempt, at the beginning of your dental care, to receive verification of your policy and what it covers. However, if for some reason your insurance claim is denied, you are responsible for the full amount of your bill. We will NOT enter into discussing your proposed treatment and answer any questions in relation to your insurance, and we strongly recommend that you take a proactive stance with your insurance carrier to make sure all payments are made to our office in a timely manner. Please understand that:

1. Our fees are generally considered to fall within the acceptable range by most companies. And therefore, are covered up to the maximum allowance determined by each carrier. You are responsible for any balance not covered by your insurance company.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. You are also responsible for any amount that exceeds your yearly contract allowance, or is not covered by your insurance.

By signing below I understand and agree to the following:

- I authorize the release of all information pertaining to all claims if requested by my insurance company & to be fully responsible for claims denied by my insurance plan for lack of referrals and/or prior authorization.
- I authorize all insurance payments to Georgetowne Park Endodontics. (A photo scan copy of this authorization shall be considered with the same force & effect as the original).
- I authorize Georgetowne Park Endodontics as my advocate to my insurance company or the Maryland Health Insurance Administration regarding any appeals of contentment.
- **Should an insurance payment inadvertently be sent to me, I will endorse it & return it to the office of Georgetowne Park Endodontics immediately.**
- I understand that my dentist may recommend a dental service to aid in diagnosis, therapy, or screening purposes that may not be covered under the guidelines of my insurance plan.
- I agree to be fully responsible for payment of services provided by Dr. Eghtesadi.
- I am responsible for making sure Georgetowne Park Endodontics receives full payment from my insurance company & that if required under the guidelines of my insurance plan at or before the time of service.
- I have reviewed the following treatment plan & fees. I agree to be responsible for all charges for dental services & materials not paid by my dental benefit plan. To the extent permitted under applicable law, I authorize release of any information relating to this claim.
- If payment is NOT received from my carrier within 60 days for any claim submitted on my behalf, I will be held responsible for full payment.
- I understand that Dr. Eghtesadi will only submit a claim once & if, for any reason, no payment is received, it is my responsibility to work things out with my carrier.
- I hereby authorize payment of the dental benefits otherwise payable to me directly to the above named dental entity.
- I agree to pay all reasonable collection fees should Dr. Eghtesadi need to use an outside collection agency to collect for this account. Returned checks and balances older than 30 days may be subject to additional collection fees & interest charges of 1-1.5% per month.
- I will be responsible for all costs incurred in the collection of any past due account including attorney's fees.
- A 24 hour notice of cancellation is required. If not cancelled within 24 hours from appointment, a $75 fee will be charged. A $35 fee will be charged for returned checks.
- Refunds: most insurance companies allow claims submitted up to 180 days from date of service. Refunds will be reviewed up to 180 days from last insurance payment received.
- Minors: the adult accompanying a minor & the parents (or legal guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan: Discover, American Express, Visa, MasterCard, or payment by cash in the exact amount has been verified at the time of service.

Please sign your name below and we will accept your assignment

Signature of patient/guardian/responsible party: *_____ Date:_____