2125 Post Oak Tritt Rd. Marietta, GA Phone: 770.977.9090 Fax: 770.977.9058

Financial Policies

DENNY FAMILY DENTISTRY

Patient Last Name:________________________________First Name:________________________________.

Insured Employer: ____.

Claim Group: _____________________________Insured SS#/ID#: ________________________________.

I hereby instruct and direct______________________Insurance Company to pay by check made out and mailed to address listed below, also if my current policy prohibits direct payment to the doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

Denny Family Dentistry

Wesley E Denny

2125 Post Oak Tritt Rd

Marietta, GA 30062

For the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional services charged over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize Wesley E Denny and his staff to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dental insurance supplements the cost of your care, but rarely pays more than 50-80% of treatment. The remaining estimated cost out of your pocket are paid by a way of financial arrangement with our office manager. We accept cash, check, Visa, MasterCard, Discover, American Express, and Care Credit. These financial arrangements must be done carefully so that you can afford the dentistry that you and your doctor decide is best for you. We strive to provide high quality dentistry at reasonable cots, but remember insurance companies exist for the purpose of profit, not your dental health. Some companies have excellent coverage others have very limited coverage. Our goal is to work with your coverage to provide the dentistry you need and can afford. Realized, however, that if your insurance company does not pay for the treatment, you are financially obligated to pay for your care. Your estimated portion of treatment and/or insurance deductible is due and payable to us at the time treatment is rendered. Realize that your dental insurance is a contract between you, your employer, and the insurance company. We are not party to the contract. Delays in payment by the insurance companies are very common. If our office has not received and insurance payment for your care in 60 days, you become immediately responsible for the payment in full. You will be reimbursed when the insurance company does finally pay their portion to us. All returned checks are subject to a $25 return check fee. All accounts sent to collection are subject to a 35% additional charge, due by the patient. We reserve the right to dismiss a patient with 3 or more broken appointments. We reserve the right to charge for appointments canceled or broken without 24-hour notice.

I have read this form and agree to be financially responsible for payment and I authorize the release of all necessary information to the insurance carrier or their representative and the payment of benefits directly to the provider. I assign all dental and surgical benefits, including major medical benefits to which I am entitled to Wesley E Denny. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

Patient Signature ____Date ___________________