

Birmingham Smiles Family Dentistry

1600 Deo Dara Dr.

Birmingham, AL 35226



Insurance Benefits

I understand that this Dental Office is not responsible for the actions of my dental insurance company. Birmingham Smiles Family Dentistry does not guarantee any aspect of my dental insurance coverage. Eligibility is not a guarantee of coverage or payment as actual benefit payments are determined only when a claim is processed. Realize that all levels of payment by insurance companies, including allowed fees, are governed by the premiums paid. They have nothing to do with the actual charges. Our fees are based on a combination of our costs, our time and our constant dedication to providing our patients with the highest quality dental care. The treatment recommended by our office is never based on what your insurance company will pay. Your treatment should **not** be governed by your insurance contract.

I have reviewed my benefits and understand that I will be quoted an estimate due today. Then my insurance will be filed. Upon insurance payment to this office there may be a balance due from the patient that insurance did not cover. I understand that my insurance company will not be responsible for any charge I may incur because of a missed appointment. Missed appointments with less than 24 hours notice, regardless of legitimacy or creativity, are subject to a minimum fee of \$25. I understand that I will receive a statement for this balance, payable upon receipt.

I agree to pay for all services that are provided to me by Birmingham Smiles Family Dentistry including any amounts due after third party/insurance payments. I authorize the release of any information from my records which may be required for third party payments. I agree to pay all costs of collection of a past due balance including reasonable attorney fees, prejudgment, interest and costs.

Signature: _____ Date: _____