

INSURANCE DISCLAIMER AND ASSIGNMENT OF BENEFITS  
THIS IS VERY IMPORTANT SO PLEASE READ CAREFULLY

1. I understand that for my convenience, Yarmosky Pediatric Dentistry will bill my dental plan services. I authorize Yarmosky Pediatric dentistry to submit claim forms on my behalf and authorize direct payment to Yarmosky Pediatric Dentistry.
2. I understand that when Yarmosky Pediatric Dentistry verifies my insurance benefits that it is **NOT** a guarantee of payment by the insurance company. I understand that any treatment plan that this office proposes to me is an **ESTIMATE** of what my insurance coverage will be and **NOT** a guarantee. I understand that when the actual claim is submitted that the payment may vary according to my individual plan and that I am responsible for any additional remaining balance. I understand and agree that Yarmosky Pediatric Dentistry does not represent my dental insurance company and that this office cannot and does not make any guarantee of payment by my insurance company.
3. I acknowledge that it is my sole responsibility to be aware of what type of dental plan I have. I understand that my dental insurance policy is an agreement between me and my insurance company. I acknowledge that it is my responsibility to determine whether a dental service is covered by my dental plans and, if covered, the amount of coverage and whether my benefits are exhausted or will be exhausted during the services provided. I understand that any balance not paid by my insurance company will be my responsibility.
  
4. We are **NO LONGER** able to verify your insurance coverage and make necessary changes to your insurance information on the day of your child's appointment. Therefore, if you would like our office to bill your insurance **you must contact our office with any changes at least one week prior to your appointment.**

I acknowledge that I have read the above insurance disclaimer and the assignment of benefits statement.

Name/Relation to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_