

Apollonia Dental, P.A.
Isabel Vahedi, D.D.S.
4427 Hwy 6
Suite A
Sugar Land, TX 77478

We are happy to process your insurance claims and will complete our portion of the claim form and mail or electronically transmit your claim form promptly at no charge. We do, however, include patients with dental insurance in our normal monthly billing cycle. You will, therefore, receive a statement at the first of every month until you or your insurance company pays your bill in full. For any services other than preventative, you will be responsible for your deductible (if it has not been met) and your **estimated** portion of the fee **at the time of service**. The remaining balance is due no later than 30 days after the insurance company has paid their portion unless a written and signed payment plan is on file in your chart. Any claims not paid within 60 days will be the responsibility of the patient and must be paid. Any disputes regarding the amounts paid will be **between you and your insurance company**. We will gladly supply any information requested by the insurance company. If payment is not received, we will take necessary action through our collection agency to make certain that the fee for the services rendered to you is paid.

The agreement for dental services is between the doctor and the patient, **not with the insurance company of any third party payor**. Therefore, should the claim for the service be rejected or applied to the patient's deductible, the patient is ultimately responsible for payment to the office. Insurance coverage is limited to a **portion** of the fee agreed to by you in our office. There is categorically no such thing as a UCR fee for any nation, state or zip code that is not created internally by the insurance industry. The limits of your coverage are based upon such things as premium amounts paid by your employer and profit margins designed by the insurance companies. The insurance companies are solely responsible for those numbers and they vary from company to company. When you receive treatment in this office, you agree to be financially responsible for the entire fee, independent of your insurance coverage. The only exception to this policy is if you are a member of a PPO plan of which we are members and we have agreed to their contracted fees. However, should they deny coverage for any reason, you will still be responsible for the contracted fee in full.

I accept the above terms. I read and understand English and I authorize payment of insurance benefits directly to Apollonia Dental, PA. I further authorize the release of all necessary information to my insurance carrier and their representatives.

STANDARD OF CARE:

Oral Cancer Screening with "ORALID" \$45.00 if insurance does not cover this treatment annually.

YES _____

NO _____

Signature of Patient / Guarantor

Date