

## Financial/Insurance/Appointment Agreement

I authorize the office of Drs. Kearns, Ashby, Rajchel and Associates to release any information, including the diagnosis and the records of any treatment or examination rendered to me or my dependents during the period of such dental care, to third party payers. I authorize and request my insurance company to pay directly to Drs. Kearns, Ashby, Rajchel and Associates, dental insurance benefits otherwise payable to me.

The office of Drs. Kearns, Ashby, Rajchel and Associates only submits dental insurance claims, and only accepts insurance payments from dental insurance plans and companies. If you believe treatment or diagnosis should be billed to any other type of insurance, we will provide you with copies of the dental insurance forms enabling you to submit to the insurance of your choice. Payment from these claims will be sent to you. Additionally, payment for these services is to be paid at the time of service. Before submitting any insurance claim, please consult an attorney or insurance professional to avoid committing insurance fraud.

If the patient has two or more dental insurances, we will file to those plans.

If you have no dental coverage or an insurance that directly reimburses you, payment is required at the time of service. If you do have dental coverage, it will be submitted to your insurance company, unless the procedure is not covered under your plan.

**It is your responsibility to monitor your benefits and annual maximum.** We will be happy to assist you with any resubmissions, but we cannot make telephone calls to the insurance company on your behalf. Regardless of participation, we will not become involved in disputes between you and your insurance company regarding deductibles, coinsurances, covered/non-covered charges, etc., other than provide factual information as necessary. If such a dispute occurs, the balance will become your responsibility and must be paid promptly.

According to Pennsylvania State Law, all insurance claims are to be paid within 45 days of receipt of the insurance claim. I understand that any outstanding insurance balance that is due over 60 days will become my responsibility.

I understand that I am responsible for all charges. The parent/legal guardian/authorized adult accompanying the minor child is responsible for payment, regardless of legal or custodial arrangements. We do not get involved in financial disputes between parents; the parent who brings the patient for services is expected to pay copays and non-covered services at the time of service.

I understand that I will be responsible for any unpaid balance (as listed on a billing statement) not paid within 60 days of the monthly billing date. This includes an assessed late charge of 1.5% each month. I realize that failure to keep this account current, with the exception of dental emergencies, will not permit additional appointments to be scheduled. If a collection agency becomes involved in the settlement of your account, all collection costs and legal fees for both parties will be the responsibility of the account holder. Scheduled appointments under this account will then be cancelled.

A parent or legal guardian (as determined by an Order of the Court) must accompany the patient to all appointments. Upon arrival, please check in with the receptionist.

A broken appointment is an appointment that is cancelled with less than 24 hours notice to the scheduled appointment. Any appointment that the patient and the parent or legal guardian is not present, shall be considered a broken appointment. An arrival of 10 or more minutes past the beginning of the scheduled appointment time by the patient, parent or legal guardian may be considered a broken appointment. **I acknowledge there is a fee of \$50 for each broken appointment.**

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Name of child/children

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Signature

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Relationship to Patient

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Date