

## INDEMNITY INSURANCE ASSIGNMENT POLICY

We will accept assignment of insurance benefits for the dental services we render in the following manner.

**The patient understands they are legally and financially responsible for all costs of dental services rendered regardless of any insurance coverage.**

**The patient is responsible for any deductible and estimated co-payment at the time the services are rendered.**

If the insurance company denies a claim, the patient is legally and financially responsible for any service rendered.

In the case of double coverage, we will submit claims to both carries, but they must still pay within 60 days or the account is due and payable by the patient. This still allows time for both carriers to pay.

The patient understands that insurance benefits are not a substitute for payment by the patient. Insurance is designed to reimburse the patient, but we will accept assignment as a courtesy to our patients.

Moat insurance companies pay on a percentage basis to their scheduled fee allowance. Therefore, some companies will pay better than others for certain procedures.

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Signature

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Date

Employee/Subscriber \_\_\_\_\_

Social Security Number \_\_\_\_\_

I authorize the release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.

\_\_\_\_\_  
Signed (Patient, or parent if minor) \_\_\_\_\_  
Date

I hereby authorize Endodontic Partners of Florida

\_\_\_\_\_  
Signed (Insured Person) \_\_\_\_\_  
Date