

Kellum Dental Clinic, P.A. Insurance Policy

1. The final responsibility for the payment of a patient's account always rests with the patient or the patient's guarantor. Although Kellum, P.A. Dental Clinic accepts and honors assignments of insurance benefits and works closely with patients regarding the settlement of insurance claims, we do so only as a convenience for our patients. The acceptance of an insurance assignment does not relieve the patient of the final responsibility for settling the account. It is the patient's responsibility to know how their insurance pays and what their maximum benefit is for each year. It is also the patient's responsibility to keep up with what they have used towards their maximum each year.
2. If proper insurance information is submitted by the patient or his guarantor, Kellum Dental Clinic, P.A. will bill the patient's charges to his insurance company as soon as the patient's visit is complete.
3. Any balance that is above the **estimated** insurance benefits is due from the patient at the time of service. If the patient's insurance company does not pay their **estimated** portion, it is the patient's responsibility to contact the insurance company and to pay the remainder of the balance.
4. Kellum Dental Clinic, P.A. will honor assignments of insurance benefits for 60 days from the date of service. If, at the end of 60 days, the insurance company has not settled the account, Kellum Dental Clinic, P.A. will look to the patient for the final settlement of the account.
5. Any patients having inadequate insurance coverage, or no insurance coverage will be expected to pay the entire balance of the account at the time of service. It is the patient's responsibility to inquire, prior to appointment time, if Kellum Dental Clinic, P.A. accepts their specific insurance.
6. Any amounts that remain unpaid on a patient's account 90-days after the date of service will be turned over to a collection agency, attorney or third party for collection to be determined by Kellum Dental Clinic P.A.

I have read the Insurance Policy of Kellum Dental Clinic, P.A. and agree to abide by this policy.

Patient Signature: _____ **Date:** _____