

## **Insurance Users Agreement**

If you would like for us to file your insurance, you will need to read and sign this agreement. Make sure you understand its terms as this is a legal contract between you and Fuchs Dentistry. It is legally binding and will be upheld in a court of law .

### **If I have Blue Cross BS or Delta Dental,**

I understand that **I will be required to pay ALL charges IN FULL on the day of service.** Fuchs Dentistry will file my insurance claim for me and I will then be reimbursed (payed back) by my insurance company. Fuchs Dentistry is not a member of these two PPO's. In the event that my insurance company pays Fuchs Dentistry even though they have been instructed to pay me, Fuchs Dentistry will issue a refund to me.

### **Other insurance companies**

I hereby agree to assign benefits to Fuchs Dentistry with the following stipulations:

1. I will meet any deductible required by my insurance company and I agree to pay the portion of my balance that Fuchs Dentistry estimates that I owe **on or before the date of service.**
2. After my insurance pays, if there is any balance left, I will pay off that balance within 30 days . If it is not payed within 30 days, I will be charged a \$15/month service charge.
3. I agree to pay my balance IN FULL if my insurance company does not pay within 90 days. After that time I will receive a service charge (\$15/month)
4. I understand that the insurance policy is between me and the insurance company and that there is NO agreement between Fuchs Dentistry and my company. **If there is a problem with my claim, it is MY responsibility to call the company.** If I am not pleased with the company's payment, I will take it up with the company and pay my balance IN FULL within 30 days of receiving my statement. I realize that if I do not pay my balance within 30 days that a service fee (\$15.00 per month) will be added.
5. If you have two insurance policies, we must be informed of this from Day 1! We will NOT go back and file for a 2nd company after the 1st one has payed.

### **ALL INSURANCE COMPANIES**

**FACT: NO INSURANCE COMPANY PAYS 100% ON ANYTHING! You will always be required to pay something!**

I realize that the filing of my insurance claim is done as a courtesy to me and that it is not an obligation of Fuchs Dentistry to do so. If I abuse this privilege, I will be required to pay in full on the day of service.

My signature \_\_\_\_\_ date: \_\_\_\_\_