

INSURANCE AUTHORIZATION

To avoid any misunderstandings regarding your dental insurance, we wish our patients to know that all professional services rendered are charged directly to the patient and/or insurance company and that patients are personally responsible for payment of fees and co-payments accordingly to the practice and/or insurance fee schedule. As a service to you, we will file insurance forms on your behalf. Your payment and/or co-payment are due when services are rendered. We will be happy to accept payment from your insurance as a full or partial payment.

PRIMARY INSURANCE CARRIER

EMPLOYER _____ SUBSCRIBER NAME _____

SUBSCRIBER SS# _____ SUBSCRIBER DATE OF BIRTH _____

SUBSCRIBER PHONE # _____

SECONDARY INSURANCE CARRIER

EMPLOYER _____ SUBSCRIBER NAME _____

SUBSCRIBER SS# _____ SUBSCRIBER DATE OF BIRTH _____

SUBSCRIBER PHONE # _____

INSURANCE BENEFITS

I understand that I have chosen to assign my dental benefits to **Ruslan Korobeinik, DDS, PLLC** and a claim form along with documentation will be sent to my insurance company for treatment provided. I understand that I am responsible for the payment regardless of my insurance company's willingness to pay a benefit for this claim.

APPOINTMENTS CHANGES

In an effort to keep timely appointments, our office does not double book appointment times. Our time is reserved and dedicated solely to you and you will seldom, if ever, have to wait. Because of this, changes and cancellations to our schedule are catastrophic.

We ask that any cancellations or changes to your appointments be made at least 48 hours prior to your scheduled appointment. If we are not notified 48 hours prior to your appointment, then we may regrettably charge your account. Missed appointments are charged \$40.

PATIENT'S SIGNATURE _____ DATE _____