

**Denteffex Dental Office
Zachery Green, D.D.S.
1802 Spring Court
Cheyenne, WY 82009
(307) 635-3018**

Office Financial Policies

Dental insurance plans do not normally provide full coverage of your dental bill. Your dental coverage is a contract between you and your insurance company, and while we will cooperate to the fullest in expediting your claim, you are ultimately responsible for your account. **Your portion of the bill will be due at time of service.**

If your insurance has not paid within 60 days from the date from the date of service, we will look to your for prompt payment of the account. All costs for collection of the account, should collection procedures or small claims court become necessary, will be passed on to the patient and/or the responsible party.

I understand that, due to any false information, I will be subject to criminal prosecution.

Insurance Regulations

I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health care information to carry out payment activities in connection with claims submitted from this office.

Assignment of Benefits

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Denteffex Dental Office.

Printed Name

Signature

Date