

Insurance Release Form

I, the Undersigned, Authorize The Release Of Any Medical Information Necessary To Determine Liability For Payment And To Obtain Reimbursement On Any Claim.

I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for all medical/dental and/or surgical benefits, to include major medical benefits to which I am entitled including Medicare, private insurance, and other health benefits to Steel City Implants and Periodontics. This assignment will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment

SIGNED _____ DATE _____

Financial Policy

The best patient-doctor relationships are maintained where there is a complete understanding of the treatment rendered and the fee charges. Please feel free to discuss the treatment or the fee at any time with Dr. Kivus or our front desk staff. Our payment policy is full payment the same day as treatment is rendered unless other arrangements are made prior to treatment. If you have insurance, it is your responsibility to pay your estimated portion and any deductible at time of service.

For those patients who have dental insurance, your insurance is a contract between you and your insurance carrier. We will provide you with our best estimate of your coverage but we cannot be responsible for any estimates. Dental insurance coverage often changes and it is your responsibility to determine if your carrier will pay for a particular dental procedure and the amount. We do not represent your carrier, but will repeat information we are given from them.

I, the undersigned, hereby agree to pay all a-mounts and charges hereafter incurred by myself or family member for services rendered. Failure to make payment when requested is basis for legal action and the undersigned **agrees** to pay all cost of collection including a reasonable attorney fee and hereby waive their rights of exemption under the laws of the State of Alabama and any other state.

SIGNED _____ DATE _____