

Drs. Barbieri & Swasty and The Smile Team
Insurance Information

We need the following information from your insurance company or the personnel department where you are employed. Please complete this information and bring it to your consultation appointment.

Lifetime Maximum: _____ **Payable at:** _____ %
Effective Date: _____ **Age limit:** _____

Insurance Name: _____

Phone Number: _____

Address: _____

1. We base all insurance assignment plans on a co-payment of 50%. Any overage your insurance company may pay will be credited toward paying your account or refunded to you once the amount is paid in full. The majority of insurance companies pay over a length of treatment. For your benefit we are billing the insurance company on a fee for service basis. The monthly payments are due regardless of insurance payment schedule. Some insurance companies do not pay promptly. We will be happy to complete and file insurance forms at no additional cost. It will be necessary for you to keep your account up to date, according to the financial arrangements you agreed to.

2. Patients must realize that professional services are rendered to a person, not an insurance company. The insurance company is responsible to the patient and the patient is responsible to us. We cannot render services on the assumption that the charges will be paid by an insurance company. However we will help in any way we can.

I have read and understand the above policies and acknowledge my responsibilities.

Responsible Party Signature

Date

Financial Supervisor