

RED ROSE DENTISTRY



Dr. Emily Eckdahl

Dr. Terence Geary

Payment Options and Assignment of Benefits Form

We are committed to providing you with the best possible dental care in a comfortable, caring and affordable manner. To reduce our administrative costs and keep our fees as low as possible, we ask that you pay your portion at the time services are rendered.

Other Additional Payment Options

- _____ Courtesy Savings: 3%-5% for qualified services paid in full at the time services are rendered
- _____ We have a convenient monthly payment plan (interest-free in some cases) provided by Care Credit
- _____ Special arrangements available with a credit card # on file.

Assignment of Benefits Authorization

If you are covered by dental insurance, we will be happy to submit your claim as a courtesy to you to help you receive the full benefits of your coverage. We can make no guarantee of any estimated coverage or payment. Because the insurance policy is an agreement between you, your employer and the insurance company, our office is not involved in that contract. If payment from your insurance company is not received within 60 days from the date of service you will be expected to pay the balance in full.

I HAVE READ AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FEES REGARDLESS OF WHAT INSURANCE PAYS. I AUTHORIZE RED ROSE DENTISTRY TO SUBMIT CLAIMS TO MY INSURANCE COMPANY.

I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO RED ROSE DENTISTRY.

Print Name

Signature of Patient/Responsible Party

Date

Credit Card Number

____/____
Exp. Date

CVV