

KARLA HAM BISHOP, D.D.S.
DAN BISHOP, D.D.S.
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JOHN W. HAM, D.D.S.

Dental Insurance Assignment Agreement:

*Patient signature

We file insurance as a courtesy to our patients. We ask that if you would like for our office to submit your dental insurance for you, that you read and agree to the following:

- Please provide us with your detailed insurance information: your address, social security number, and a copy of your insurance card.
- Most insurance companies pay within thirty days. If we have not received payment from your insurance within sixty days, the remaining balance of your treatment will be your responsibility.
- The portion not paid by the insurance company is the responsibility of the patient. This may include deductibles, co-insurance, amounts above the maximum plan benefit, and non-covered services.
- We ask that you pay your estimated portion. We do our best to figure each patient's out of pocket expense. However, the amount we give each patient is just an estimate, and is based on information we have received from your insurance company. Not all information is available to us, and therefore the amount we give is not a guarantee of further financial responsibility for each patient.

Witness signature

I understand and accept these terms for dental insurance assignment:

Data

Patient name Date of Birth	
Insured name Date of Birth	
Insured Social Security #Employer	
Insurance Company Group Number	
Insurance phone number	
Claims mailing address	
Patient relationship to Insured:SelfSpouseDependent	
Do you have secondary dental insurance?	
FILL OUT BELOW FOR SECONDARY INSURANCE COVERAGE ONLY:	
Insured name Date of Birth	
Insured Social Security # Employer	
Insurance Company Group Number	
Claims mailing address	
BELOW FOR OFFICE USE ONLY:	
Doto Colondon and many	
Date Calendar or contract year Veerly maximum Penefit	
Yearly maximum Benefit Amount used this year Deductible amount Deductible met? Exam frequency	
Exam covered at Last date of service	
Endo covered at Regular Endo frequency	
Retreats covered? Retreat frequency	