

SMILE SOLUTIONS

Robert P. Berg, DDS, PC
270 Nassau Boulevard
Garden City, NY 11530
516-872-8780

Assignment of Insurance Benefits and Authorization for Credit Card Payments

I, _____, understand that I have chosen to assign my dental benefits to Robert P. Berg, DDS PC. Claims will be submitted to my insurance carrier on my behalf for treatment provided.

I further realize that I am ultimately responsible to pay for services rendered regardless of my insurance carrier's willingness to pay a benefit for treatment received. I understand that I am responsible for any unpaid balances which may include deductibles and co-payments.

Our policy is to **securely store** your credit card information until your insurance has paid their portion and notified us of the amount for which you are responsible. Robert P. Berg, DDS PC will charge your credit card as follows:

* Upon receipt of payment from your insurance, the balance due will be charged (including your deductible).

*If your insurance carrier informs us that you are not eligible for benefits for the services rendered, then we will charge our standard self-pay rate for the services you received.

I authorize Robert P. Berg, DDS PC to keep my signature on file and to charge my credit card account as indicated below:

_____ Mastercard _____ Visa _____ American Express _____ Discover

_____ Balance of charges not paid by insurance within 60 days and not to exceed \$_____.

_____ Recurring charges (for on-going treatment) of \$_____ every _____ from _____ to _____.
(frequency) (date) (date)

Patient Name

Cardholder Name

Cardholder Billing Address

City, State, Zip Code

Account Number

Month _____ Year _____
Expiration Date

Cardholder Signature

Date

_____ I refuse to provide a valid credit card. I understand that if my insurance determines that a portion of the charges are my responsibility, I will receive two statements in the mail (2 billing cycles/60 days) and I will be charged an administrative fee of \$25.00. If payment is not made after two statements, my account will be forwarded to a collection agency without further notice.

PLEASE NOTE: If a credit card is not on file, the estimated portion not covered by your insurance is due at the beginning of treatment. You will be responsible for any remaining balance after payment is received from your insurance carrier.

The CareCredit Healthcare Card (subject to credit approval) may also be used to make payments for all fees not covered by your insurance.