

# WAIVER OF LIABILITY RELEASE FORM

I, (Patients Name) \_\_\_\_\_ on (Date) \_\_\_\_\_

Understand that the following will apply and be enforced as long as I am a patient at Prosthodontic Associates of New Jersey PA:

Your insurance company may determine that the procedure of services provided for you by this office are not deemed medically/dentally necessary or are non-covered services. It is possible that your insurance may deny payment based on any of the following:

The procedure is considered a *cosmetic service*.

The procedure is a *non-covered service* under your health plan.

We are **not** a contracted provider with your insurance carrier.

You did **not** obtain a required **referral** from your insurance carrier.

If my insurance carrier denies payment for the services provided by this office for any of the reasons stated above, I agree to be personally and fully responsible for payment.

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## FINANCIAL CONTRACT/AGREEMENT

I understand there is **\$100 per hour** charge for any appointment missed or cancelled with less than 24-hour notice.

I understand that if I do not pay my account with Prosthodontic Associates of New Jersey PA in full, my account may be assigned to a collection agency for collections of outstanding monies owed.

I also understand that if my account is assigned to a collection agency, the collection agency will charge a commission or fee that may be as much as 50% of the amount I owe to Prosthodontic Associates of New Jersey PA.

In addition to this fee/commission, Prosthodontic Associates of New Jersey PA may add a monthly service charge of \$10.00 per month for overdue accounts 60 days past the initial billing date.

I understand and agree that in the event legal action is commenced to enforce my obligations hereunder, that I will pay court costs and reasonable attorney's fees.

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Patient's (or Guarantor's if patient is a minor) Signature

Date

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Witness's Signature

Date

## **THE FACTS ABOUT DENTAL INSURANCE**

Dental insurance is a contract between a patient and an insurance company which agrees to pay certain prescribed benefits to the patient when dental bills are incurred. Few, if any, insurance plans pay 100% of the costs. Get to know your insurance policy and what it does cover, what deductibles you must pay first before other coverage will start, etc. Your insurance will probably also have a maximum allowable benefit per year.

Insurance companies pay according to fee schedules which **they** have devised. The fee schedule may or may not coincide with the actual fees that are charged. Although insurers call their schedules “**usual, customary, and reasonable,**” in fact, often they are based on information gathered from one to three years ago. Therefore, in some cases, what a dentist charges may be higher than the insurance company pays. This does not mean that the dentist is overcharging; it means that the insurance company pays what it has agreed to pay, not what is charged.

The insurance company has a responsibility to the patient according to the terms of the insurance contract. The patient has a responsibility to the doctor to **pay for services rendered.** That part of the fee that is not covered by insurance is owed by the patient. Many patients have insurance with preferred providers (ie. Delta, Horizon, etc.) whereby payment for services rendered is paid to the subscriber only. Therefore, the full payment is expected to be paid to the doctor’s office by the patient at the time service is rendered.

We will be glad to help with insurance forms and help you obtain your covered expenses from your insurance. We will expect co-operation in covering the remainder of bills owed. Should you have additional questions, please feel free to speak with our bookkeeping department.