

# **Bridge Street Dental Centre**

## **Insurance Assignment Financial Agreement**

Our mission at Bridge Street Dental Centre is to provide excellence in dentistry that meets your individual needs. In order to reduce the cost of providing dentistry to our patients, **payment is expected at the time of service.**

### **Please check one of the two following options:**

If you choose option # 1, please sign and date this document to authorize us to electronically submit your claim on your behalf

If you choose option # 2, please write in your credit card number and expiry date, initial the 3 authorizations and sign and date the bottom of the page.

Option # 1      **Non-assignment of benefits with payment in full.**

Payment is made in full by cash, interact, Visa or Mastercard with **non-assignment** of your dental benefits. We will process your dental insurance claim for you and have the cheque sent directly to you, usually within 3-5 business days ( Initial # 3 only)

Option # 2      **Assignment of benefits secured with your credit card.**

We will accept **assignment of your primary dental benefits and collect the co-payment** at the time of each appointment. We will provide you with a copy of any secondary insurance claim for you to submit. A credit card will be kept on file to process any payment not reimbursed to us within 30 days, and a receipt of any charges will be mailed to you. (initial # 1, 2,& 3)

Credit Card \_\_\_\_\_ exp \_\_/\_\_\_

1: I hereby assign payment of my dental benefits directly to Bridge Street Dental Centre. \_\_\_\_\_

2: I hereby authorize Bridge Street Dental Centre to process payment to my credit card of any outstanding balance occurred during the course of dental treatment to keep my account current within 30 days.  
\_\_\_\_\_

3: I authorize Bridge Street Dental Centre to electronically submit insurance claims for me and my family members \_\_\_\_\_

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_