3020 Shore Drive, Virginia Beach, VA 23451

## REGARDING PATIENT DENTAL OR MEDICAL INSURANCE

As a courtesy to our patients, we electronically file your dental claims for any treatment you have received. This claim shows a description of services provided, the date, and charges.

Although, we provide this insurance claim filing service to you with your insurance carrier, it is **ultimately your responsibility for payment.** We will follow-up unpaid claims filed, but we do not accept any liability for lack of coverage, amount of benefit provided, or slow payment by a carrier. As the policyholder it is your right to question the insurance carrier about delays in payment and/or the amounts paid. We happily offer whatever assistance we can reasonably give. Your satisfaction is important to us. If you have any questions please ask Jennifer who will be more than happy to assist you.

## AGREEMENT FOR PAYMENT FOR DENTAL TREATMENT

If this account is referred to an attorney for collection then the undersign person(s) promise and agree to pay all collection costs including attorney fees of 33 ½% of the principal amount due and owing when turned over for collection and do further agree to pay interest of 1 ½% per month (18% per Annum) on the unpaid balance from the date the services were last rendered. In the event this matter is turned over for collections, I hereby expressly give permission for my current employer(s) to provide verification of my said employment to this office, or attorney, Tiffany & Tiffany, P.L.L.C.

## **DENTAL INSURANCE REGISTRATION**

AUTHORIZATION FOR SIGNATURE ON FILE/ASSIGNMENT OF BENEFITS

I,	, hereby authorize the office of Da	U I
5	aims or documents as related to any a	and all health benefits due me
and my dependents throu	gh my employment.	
of Dag Zapatero, D.D.S. T the lifetime of the patient inal. You shall also be res	nt of dental benefits otherwise payable his Signature on File will be valid from the practice. A photocopy of this componsible for notifying us of any change you consent to ALL policies described	n this date and shall expire at locument may act as an orig- ges in your employment or
Signature of Insured	Witnessed by	Today's date