

OUT-OF-NETWORK CONSENT FORM

Albemarle Road Family Dentistry is out-of-network with your dental insurance. Since we are not contracted with your insurance company, our standard fees will apply to all services that we provide. We will file insurance claims as an out-of-network provider for you. However, at the time of service, you are required to pay the estimated difference between our standard fee and what your insurance will pay to an out-of-network provider. This includes deductibles, co-payments, and any fee for service performed that is not covered by your policy. You will be responsible for any remaining balance after your insurance has paid. Some insurance companies will not reimburse our office directly but send the payment to you. In this case, you are responsible for the full cost of each visit at the time the service is provided.

By signing this form, I am authorizing assignment of benefits and payments from my insurance directly to Albemarle Road Family Dentistry. I am also authorizing Albemarle Road Family Dentistry to furnish my insurance company with any and all information that may be contained in my medical and dental records that relates to the service provided at Albemarle Road Family Dentistry.

Accepted and agreed to by:

Patient/Guardian, Relationship to Patient

Signature

Date