

ASSOCIATED ORTHODONTISTS OF INDIANA, INC.

POLICIES REGARDING INSURANCE POLICY

Our office will be responsible for filing your primary and secondary insurance and any monthly or quarterly forms, which may be required for confirmation of your continued treatment.

- There will be NO CHARGE to the patient for these services.

ASSESSMENT OF ADMINISTRATIVE SERVICES

Patients will be assessed a \$25 administrative charge for filing changes in insurance plan (in excess with the initial primary and secondary coverage), extended or repeated requests for information and for requests of duplicate information.

EXPLANATION OF INSURANCE CHANGES

If your insurance cancels at any time during treatment, any discount will be converted back to fee-for-service. This converted discount amount, as well as any unpaid insurance balance, will be added back to the patient's responsibility. This still holds true even if the patient currently has no responsibility (zero balance). Insurance companies do not pay in one lump sum. Insurance companies pay either in monthly or quarterly installments. Any replacement insurance coverage will be filed and accounts adjusted per the new insurance company's determination of their liability.

It is also the patient's responsibility to inform Associated Orthodontists of Indiana, Inc. of any insurance changes at any time during treatment. If we are not made aware of insurance changes, but we have an unpaid balance, even after the appliances are removed, we will transfer the unpaid balance to the patient's responsibility. Any unpaid balances are subject to standard collection practices after remaining unpaid for 120 days.

I have read and understand the above.

Patient, Parent or Guardian Signature

Date