

**POUSSON FAMILY DENTISTRY**

640 Brownswitch Rd.

Slidell, LA 70458

**INSURANCE INFORMATION**

- Dental benefits are not meant to determine your dental care but are to assist you in payment for your treatment.
- We are not responsible for determining what your particular benefits are. Most policies cover what they consider a “*usual and customary fee.*” However, each insurance company establishes their own schedule of fees that vary for each plan. This schedule is not always the same as the fees that may be charged by our office.
- We will do our best to see that you receive your full benefits. However, ultimate responsibility for payment is yours, and financial arrangements must be defined before dental treatment begins.
- You are responsible for portions not covered by your policy on the day of service.
- Your insurance policy is a contract between you and your insurance company. Any problems of non-payment or a delay of payment are your responsibility.
- Any insurance balance over 60 days old is delinquent and is your responsibility to pay.

**RELEASE OF INFORMATION**

I authorize the release of any dental information necessary to process this claim for myself or family members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ASSIGNMENT OF BENEFITS**

I authorize payment of dental benefits to the named provider for professional services rendered to me or my family members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_