TERRITORIAL
DENTAL CLINIC

Direct Billing Policy

Dear Patient:

For your convenience, we accept VISA, MASTERCARD, DEBIT, or CASH as means of payment. Territorial Dental Clinic is pleased to provide direct billing. The following is a formal agreement for Territorial Dental Clinic to extend the convenience of direct billing.

1. I acknowledge that Territorial Dental Clinic has agreed to accept payments directly from my insurance company, strictly as a convenience to myself.
2. I acknowledge that I am fully responsible for my account and compensation for all treatment received at Territorial Dental Clinic. This includes the full cost of treatment before insurance payment and all remaining outstanding balances after insurance payment is made.
3. I have provided Territorial Dental Clinic with the following essential information:
    - Insurance benefit booklet, complete with details on percentages of coverage (i.e.: 100% basic)
    - Policy number and ID number
4. I agree that any percentage not covered by my insurance plan is payable at each appointment.
5. I hereby provide consent that if payment is not made to Territorial Dental Clinic by my insurance company within 30 days, the clinic has the authority to charge my credit card for ALL of the remaining outstanding account.
6. I agree that if the payment from the insurance company is received by myself, I will deliver the payment to Territorial Dental Clinic prior to 30 days after my last visit.
7. If I benefit from co-insurance services, Territorial Dental Clinic will direct-bill the primary insurance company only. It is my responsibility to pay for any or all portions not covered by the primary insurer. Territorial Dental Clinic will submit the claim to the secondary insurance on your behalf (if information provided by me).
8. It is my responsibility to keep track of the cost of services rendered throughout the year, and be aware of my yearly maximum. To assist me with this, Territorial Dental Clinic will provide me with a printout of services rendered at each appointment. Territorial Dental Clinic is NOT responsible for costs incurred due to overages on limits.
9. It is my responsibility to keep track of any changes that may occur with my insurance plan. I agree to subsequently inform Territorial Dental Clinic of any changes.
10. I acknowledge that any problems with insurance claims or account collections will cancel this agreement and any future direct billing privileges.

If you choose **not** to sign and provide **ALL** information requested, direct billing will **NOT** be extended as a benefit and payment for **ALL** services rendered will be due on the date of service.

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Patient's Name (PRINT) Signature (Parent/Guardian if Child) Date

Credit Card Information:

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Type Number Expiry Date Security #

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