Dr. John H. Perrin, D.M.D., P.A.

13400 Sutton Park Drive South, Suite 1301
Jacksonville, FL 32224
(904) 992-9396

INSURANCE OPTIONS

Thank you for choosing us to provide your dental care. We are dedicated to providing you with the most comfortable and technologically up-to-date dental care available.

We understand that your time is just as important as ours, therefore we will always do our best to see you promptly. However, because we attempt to always make ourselves available to patients in pain, and in an effort to work these patients into the schedule, delays may occur. Our front office staff will always advise you if there is a delay in the schedule.

Our office will be happy to work with your insurance to make certain you get maximum coverage. Our claim forms and codes are approved by the American Dental Association and your claim will be sent out promptly. For your convenience, we have two ways to handle your claims. Please indicate your choice by signing beneath the appropriate selection.

1. I choose to have my insurance company pay their portion to the office. I understand that any portion of the treatment not covered by insurance is due at the time treatment is begun. I also understand that any portion of the estimated insurance amount *not* paid by insurance within sixty days is my responsibility, and I will pay the balance due. I hereby assign benefits to Dr. John H. Perrin, D.M.D., P.A.

   _____ _____
   Signature Date

2. I choose to pay the entire fee and have the insurance company reimburse me. I understand the entire fee must be paid by me before the claim can be filed. I also understand that I am responsible for my own claim filing.

   _____ _____
   Signature Date

For accounts with balances not paid within 60 days, financial arrangements must be made with our Office Manager. We will not be responsible for disputed or disallowed claims. Please speak with our Office Manager if further financial arrangements are necessary.

I have read and understand these financial policies.

_____ _____
Patient Signature Date