



Emma C. Hunter DDS, MS

Financial Policy and Insurance Authorization

Payment is expected when services are rendered either by cash, check, credit card or dental insurance. As a courtesy to you, we will file an insurance claim for services we provide. It is the patient's responsibility to understand their individual insurance benefits.

Insurance Authorization and Assignment/ Fee Payment

I request payment of benefits be made to Mountain View Endodontics, P. C., for services rendered to me. I authorize any holder of medical information about me to release any information needed to determine these benefits payable to related services. I understand that my signature requests payment be made and authorize release of medical information necessary to pay this claim. I understand any information provided to me regarding my insurance benefits is an ESTIMATE of cost and coverage. A final determination of benefits is made by the insurance company when the claim is resolved. I am responsible for all fees associated with my account, for payment of the deductible, coinsurance, and non-covered services. If my account becomes assigned to a collection agency, I agree to pay all collection agency fees, court costs, and attorney fees. I agree that this authorization shall be valid until rescinded in writing or replaced by an updated agreement. I certify the above information is correct.

Patient/ Guardian Printed Name

Date