

**Aliso Kids Dental & Orthodontics**

**ASSIGNMENT OF BENEFITS  
AND FINANCIAL RESPONSIBILITY**

**Financial Responsibility (All )**

All professional services rendered are charged to the patient and **are due at the time of services**, unless other arrangements have been made in advance. Necessary forms will be completed to help expedite insurance carrier payments as a courtesy to you. However, you are responsible for all fees, regardless of insurance coverage. Initial: \_\_\_\_\_

**Assignment of Benefits (If Insured)**

I hereby assign all dental benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s) to issue payment check(s) directly to **Aliso Kids Dental** for dental services rendered to myself and/or my dependent(s) regardless of my insurance benefits, if any. Aliso Kids Dental will provide an **estimate** of insurance coverage upon request. I understand that Aliso Kids Dental is not responsible for inaccurate estimates. Payment(s) of a dental claim is not guaranteed by any insurance and is based on eligibility and policy coverage at the time a claim is submitted. **I understand that I am responsible for any amount not covered by insurance and I agree to pay any balance amount, in a timely manner.** Initial: \_\_\_\_\_

**Authorization to Release Information (If Insured)**

I hereby authorize **Aliso Kids Dental** to furnish and/or release any information necessary to insurance carriers concerning my/my dependent(s) dental treatment, to process my insurance claim acquired in the course of my/my dependent(s) examination or treatment, to allow a photocopy of my signature to be used to process my insurance claim(s). This order will remain in effect until revoked by me in writing. Initial: \_\_\_\_\_

I, \_\_\_\_\_, have requested dental services from **Aliso Kids Dental** on behalf of myself and/or my dependent(s), and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of treatment. I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

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Print Responsible Party Name / Relationship

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Date