

BRIAN W. HAZEN D.M.D

**COSMETIC & RESTORATIVE
DENTISTRY**



410 Lakebridge Plaza Drive Ormond Beach, FL 32174 Phone: 386-672-3988

INSURANCE FILING POLICY

INSURANCE IS NEVER GUARANTEED

Dr. Brian W. Hazen's office will be glad to take assignment on your insurance provided we obtain the following information from you prior to your appointment: (Email: hazenfrontoffice@cfl.rr.com ; Fax: 386-672-2663)

- Copy of your insurance card and your photo identification
- Insurance Company Name, Group # and mailing address
- Insurance Company Phone number
- Insured's Name, Social Security Number & Date of Birth
- Employers Name and Phone Number

This Information must be updated every year, usually in January, and will be required from you each year or we will be unable to file your insurance.

Insurance is **NEVER GUARANTEED**. You are responsible for all debt incurred at this office. We will file Claims ONLY TWICE. Our office responds to all requests sent to us from your insurance company (x-rays, narratives, etc.) If a request is sent to you for other coverage, or full time student verification, it is your responsibility to respond to the insurance company. If payment is not made by your insurance company 90 days after our office has filed the claim twice, the full balance is due by the person responsible for the account. We will be glad to provide you with any and all information regarding the date of service that your insurance company did not pay, to help you collect from them.

If there is an overpayment, reimbursement may be required by the insurance company, otherwise the insured is reimbursed.

Your signature on this form is required indication you have read and understand this policy.

Signature

Date