

O'DONNELL & PHILLIPS, LLC
INSURANCE AND BENEFITS RELEASE FORM

Thank you for choosing O'Donnell & Phillips for your dental needs. It is our goal to provide top quality dental care to you and your family. Proper billing is part of this goal. Please know up-front our policies and expectations. Should you have any questions, please see the office manager before signing.

Insured and Uninsured Patients

- I authorize payment of dental benefits to O'Donnell & Phillips, 230 Harrisburg Avenue, Lancaster, PA 17603 for services rendered.
- I authorize the release of any dental information necessary to process such claims.
- I understand that I, as Responsible Party, am ultimately responsible to pay O'Donnell & Phillips, should my insurance be denied or delayed in payment. I also understand that it is my responsibility to contact my insurance company upon any payment default.
- I agree to pay the balance in full, with in 45 days of the services being rendered, regardless of any insurance delays.
- I understand co-payments are due at the time services are rendered.
- If insurance billing is not required, payment in full is due at the time services are rendered. Should a courtesy payment plan be necessary, a separate written agreement will be required.
- For finance purposes, I authorize O'Donnell & Phillips to pull my credit report.

Should any unpaid balance become delinquent past 45 days, O'Donnell & Phillips, LLC will consider turning the delinquent bill over to collections at which point a collection fee of 30% of the balance remaining will be added to the bill.

Patient Name: _____ Date: _____
PRINT

Responsible Party: _____ Date: _____
SIGNATURE

Witness: _____ Date: _____