

FINANCIAL POLICIES

Our office has always been happy to work with patients covered by dental insurance. We also want our patients who are not covered by insurance to know that our fees and policies are no different whether one has dental insurance or not. It's rare - very rare dental plan that covers 100% of our fees. Here's why:

The fees we charge for dental services are the same for every patient, insured or not. A given insurance company determines their own "usual and customary" fees and we see how that differs greatly from insurance company to insurance company.

Further, insurance companies reimburse you on an amount they figure is commensurate with the average quality dentistry in an average office and an average staff, "average" falling somewhere between the best dentistry and the worst dentistry. Well, we have a better opinion of our services. Our belief is, and always has been, that the style and quality of our dentistry had better be the best.

Other companies pay based on what they determine as an 'allowance' or 'fee schedule'. They will not provide these schedules to us and that prevents us from being able to have an estimate of what will not be covered at each visit. We will ask that you take care of the full payment and get reimbursed.

We submit no secondary insurance but will provide any necessary paperwork which you may need.

The type of treatment you need and receive from me is based on my professional judgment and not on whether you are covered by a dental benefits plan. Sometimes time is involved with your case when you are not in the chair at the office. I do not believe that it is in either of our best interests for me to compromise my recommended treatment to accommodate a dental plan's benefits.

At the time of treatment, we do request payment for the services rendered. For patients with dental insurance, if we've been able to get an estimate of what it appears your insurance company will pay towards the visit, we do ask that you take care of what it appears they will not pay at that time. Should they pay more, you will receive a credit on your account or a refund check; should they pay less, you will be billed for the difference. For all our patients, we do accept cash, check, VISA, MASTERCARD, or DISCOVER. We also can provide all patients with information on an outside health care financing company however we do need to know that prior to a visit as it takes some time to take care of that application.

If there is a problem with your insurance company which has *nothing to do with our submitting it with the information you provide to us*, we will ask that you take care of the balance and we will give you a receipt upon your request so that you might get reimbursed. If your insurance coverage has changed and you failed to notify us, upon our receipt of the refusal to pay from your insurance company, we also ask that you take care of the balance and we will provide you with the necessary receipt to get reimbursed. For future information, we do need to know of any changes in insurance coverage **a week before your appointments** to enable us time to verify coverage and enter it accordingly into your patient file.

We see patients by appointment only and rely on our appointment schedule to be accurate as our day begins. We request 48 **business hours (i.e. 2 business days)** for a change of appointment. It often takes us some time to contact other patients who are waiting to come in for an appointment. Should you fail to do this, a missed appointment fee may be applied to your account.

In the event there is a returned check, there will be a fee of \$25 added to your account as a returned check fee plus the amount of the returned check. You will receive a bill for your new balance and payment is expected upon your receipt of it in cash, credit card or money order.

Signature: _____

Date: _____