

# Financial Policy



Thank you for choosing Dental Health Associates as your dental healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. Our Insurance Department and Patient Finance Representatives work hard to ensure your paperwork is filed accurately and promptly to assist you in receiving the maximum dental benefits that your plan allows.

The following is a statement of our Financial Policy, which we request you read and sign prior to any treatment. All patients must provide proof of identity and insurance coverage prior to seeing a dentist or hygienist.

We will file your services to your insurance carrier; however, your portion of the bill is due at or before the time the services are rendered.

We accept cash, checks, and all major credit cards, including Debit/Visa/MasterCard/Discover/American Express.

We offer Care Credit as an option for third party financing, which can include 0% financing for 6-12 months for qualified persons.

## **BILLING/FINANCE CHARGES**

A surcharge of \$3.00 will be charged to your account each time a statement is generated and calculated to unpaid balances.

## **MISSED APPOINTMENTS**

Please help us better serve you by keeping scheduled appointments. Unless cancelled at least 24 hours in advance, your account will be charged for missed appointments at the rate of \$25.00 for office visits and \$100.00 for office procedures requiring deposits. Consecutive missed appointments constitute grounds for dismissal from the practice. Whether or not you will be discharged under these circumstances is left to the discretion of the Office Manager. In return, we pledge to value your time as well.

## **COLLECTION SERVICES**

Should your account be placed with an outside collection agency, a \$35.00 Administrative Fee will be charged to your account. Any patient with unpaid balances that have been forwarded to a collection agency will not receive services until the balance has been paid-in-full unless emergency care is needed. Collection letters are generated automatically after 30 days of date of service if a balance remains on the account whether insurance is pending.

## **INSURANCE**

We will accept assignment of insurance benefits; we will make every attempt to help you use your insurance benefits with the information provided to us. If you have a policy that pays to the patient only, you will be responsible for filing. The balance is your responsibility whether, or not your insurance company pays.

Your insurance policy is a contract between you and your insurance company. We are not party to that contract. If your insurance company has not paid their portion of your claims within sixty (60) days, the balance will be transferred to your responsibility. Please be aware that some, or perhaps all, of the services provided may be considered non-covered services and not considered "reasonable and necessary" under the Medicaid Program and/or other dental insurance.

We file with hundreds of different companies and cannot be intimately aware of all possible benefits. As the dental plan beneficiary, please make it your responsibility to know and thoroughly understand what your plan does/does not cover. We will gladly send in a prior approval to your insurance company for treatment plans to provide you with a more accurate estimate. However, no benefits, verbally or in writing, are considered a guarantee of payment by Dental Health Associates or your insurance company until the treatment is rendered and the actual claim is reviewed by your insurance company. We do not file procedures to Medicare.

Regarding Insurance Plans where we are a participating provider. All co-pays and deductibles are due at the time of or before treatment.

**USUAL AND CUSTOMARY RATES**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's determination of usual and customary rates.

**APPOINTMENT FEES**

Specialty Appointments Include: Whitening, Endodontics, Periodontics, Prosthodontics, Hygiene Perio, Oral Surgery, Pediatric, Orthodontics and General Sedation.

All Specialty appointments require a consult fee to schedule.

Practice policy is to collect deposits and estimated patient portions on ALL specialty appointments before an appointment can be made.

Consult fees are credited to future treatment if treatment procedure is scheduled within six months.

Orthodontic records must be paid in advance to schedule an appointment.

\*\* Your signature below indicates authorization for Dental Health Associates to file your dental claims to your insurance carrier and authorize payment directly to the provider (Dentist).

Thank you for taking the time to read our Financial Policy. Please let us know if you have any questions.

I have read the Financial Policy. I understand and agree to this policy.