

FINANCIAL POLICY

Billing is a courtesy and a cost we try to minimize. Payment is requested when service is rendered, unless prior arrangements are made. Insured new patients are asked to pay \$40 of the \$98 charged for the first examination. Uninsured patients are expected to make full payment at the time of the appointment. Please note that a new patient examination does not include x-rays, should they be necessary as a diagnostic component.

If you expect insurance payment for periodontal maintenance claims, we ask that you pay us at the time of service and allow your insurance company to make payment to you. In the case of surgical treatment, we ask that you pay 50% of the fee on the surgical date to help meet our current expenses. **The balance is then due within 60 days of the treatment regardless of insurance payments or delays.**

We will provide insurance claim statements to your company for surgical and non-surgical appointments. Generally, insurance payment of surgical services is received in a timely manner. Again, should there be delays; we expect payment on your account in the 60 day time period. Be assured any overpayment will be refunded to the patient and sent to the address shown on the account within 30 days. Any account not paid in full after 90 days will be sent to our collection service. (Please note this allows a 30 day "grace period" beyond the required 60 days mentioned above.)

In fairness to all, we do not base our fees or ADA coding on individual policies but rather our practice standards for any given procedure. **It is the responsibility of the insured to follow up on claims and payments.** This may include phone calls to either your insurance company or our staff. Insurance questions and special requests will be handled as quickly as possible.

It is the patient's responsibility to understand the policy and provisions of their dental insurance company with regard to referrals and prior authorization of treatment. Failure to comply with your policy's provisions may result in assessments or loss of benefits to you. **Pre-authorization of benefits is only done upon patient request.**

We reserve the right to charge for missed appointments, returned checks, and unusual expenses or clerical services. These are charges not covered by insurances.

Please note that we must ask for payment in full at the time of treatment if you prefer not to provide us with information to set up your account, which includes the account holder's date of birth and social security number as well as that of the patient.

In the case of divorce or separation, the minor child's account will be set up in the parent's name who attends the appointment with the child. If the other parent holds the dental insurance, they may be set up as a second guarantor on the account. Account billing will go to the primary account holder.

It is our hope that this policy gives our patients clarity in advance about how we will handle your account as well as how your insurance is to be handled in our office. If you have questions regarding this information or need to make financial arrangements prior to treatment, please call our office at 513-231-2733

Vickie Thornton, R.N.
Practice Manager

Patient/Parent Signature _____ Date _____