

FINANCIAL POLICIES FOR PATIENTS WITH INSURANCE

Our purpose is to provide the very best dental care possible. One of the ways we accomplish this is to eliminate potential problems, which detract from the quality of our work. Therefore, we have developed the following financial policies:

1. As a service to our patients, we will bill your insurance company for your treatments. We collect the insurance portion of the payments directly from the insurance company. However, we must first verify your coverage.
2. Accepting assignment does NOT mean that we accept as full payment whatever the insurance company pays. Most insurance policies call for the patient to pay both a deductible and a portion of the bill. This portion is called the patient co-payment, and ranges on the average between 20-50% of the fee. But regardless of what is stated in the insurance policy, to us the patient portion means whatever the insurance company does not pay. **EACH PATIENT MUST PAY THEIR CO-PAYMENT (AND DEDUCTIBLE IF NOT ALREADY MET) AT THE TIME SERVICES ARE RENDERED.**
3. If, after 60 days, the insurance company has not paid its portion of the treatment fees, the patient is responsible for the bill. The insurance policy is a contract between the patient and the insurance carrier, NOT between the doctor and the insurance company.

It is law that an insurance company MUST respond to the patient within 30 days that the claim is filed. However, insurance companies are not required to pay the doctor within 30 days. This is because it is the patient's policy and the insurance company legally MUST answer to the patient. The insurance company is under no legal obligation to respond to us. **THEREFORE, WE MUST TURN OVER TO THE PATIENT ANY BILL, WHICH GOES UNPAID AFTER 60 DAYS.** The patient must pay the bill at that time. This is our policy not because we want to do things this way, but because we are forced to according to the rules of the insurance industry.

4. We understand that financial problems do occur. If a patient cannot meet his or her financial obligation to us, we ask that he or she contact us and we will be very happy to work out arrangements, which are comfortable for the patient. Our policy is that, as long as the patient leaves open the lines of communication and lets us know the situation, we will gladly work with that patient. It is only the refusal to pay or the lack of any communication, which forces us to take legal action.

I HAVE READ THESE POLICIES, I UNDERSTAND THEM COMPLETELY, AND I AGREE TO ABIDE BY THEM.

Patient's Name (Print) _____

Patient's Signature _____

Date _____