

## Office Financial Policy

As a courtesy to our patients, our office will submit claims for your primary dental plan. At the time benefit information is provided to our office an attempt will be made to confirm coverage. If coverage cannot be confirmed, payment of services will be required at the time of service. The benefit provider usually provides a generalized breakdown of coverage and always indicates that the information provided is not a guarantee. This information should not be considered to be thorough and/or complete. Please refer to your coverage certificate/booklet for complete information. Our office uses this general information as a point of reference when collecting any out-of-pocket responsibility. Please understand that the amount collected at the time of service may not be all that you are expected to pay and is purely an estimate of responsibility.

- **If the benefit provider pays less than initially estimated, you will be responsible for any remaining balance.**
  - **“Usual”, “customary”, and “reasonable” are all terms used by benefit providers to dictate what dollar amount of benefit the plan is willing to allow for a particular procedure. This amount is an arbitrary figure arrived at without any industry standard and therefore is not an accurate calculation of what the cost of a procedure should be. Please refer to your benefit certificate/booklet for a complete explanation of what “usual”, “customary”, and “reasonable” mean to you!**
- **The frequency of examinations, preventative cleanings, radiographs and other procedures are covered differently from plan to plan. If the benefit provider denies payment due to frequency limitations, you will be responsible for any remaining balance.**
- **If you exceed your annual plan maximum, you will be responsible for any remaining balance. Although most dental plans renew benefits on January 1st, some do not. Please refer to the plan certificate/booklet for confirmations.**
- **If the benefit plan does not make payment nor any good faith attempts to resolve the claim within 90 days, you will be responsible for the balance. Our office will provide all necessary claim documentation for reimbursement.**

If you have concerns about how much your dental plan will pay, our office will be happy to submit a predetermination of benefits. It may take an extraordinary amount of time to receive a response, which in turn could compromise your dental condition. It is not the recommendation of this office that any patient postpone dental treatment while awaiting predetermination information.

Upon request, we will provide documentation to submit to secondary and tertiary benefit plans. However, you will be expected to pay out of pocket portions based solely on primary dental plan coverage.

All appointments are reserved specifically for you. Appointment changes require no less than 24 hours notice to allow another patient your appointment time. Failure to do so will result in a \$20.00 or 20% charge of the scheduled service, whichever is greater. This will enable us to better serve the needs of our patients. Our office reserves the right to obtain a credit card authorization prior to scheduling appointments. If a credit card is not available, our office reserves the right to ask for prepayment prior to scheduling.

Finance charges of 18% will be added to balance is over 60 days old period this includes amounts with outstanding dental claims. If an account becomes more than 90 days old, the account will be forwarded to a collection agency which will adversely affect your credit score. A \$25 service charge (in addition to face value) will be accrued on any return check.

I have read the Financial Policy and have had the opportunity to ask any questions that I might have period I understand, agree, and accept the policy as stated above.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Responsible Party)

**I authorize payment of dental benefits to be sent directly to Russell Anderson, Jr., D.M.D.**

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Insured)