

OUR FINANCIAL POLICY

Whether you are new to our practice, or we have had the pleasure of serving you over the years, we would like you to be aware of our financial policies. **Please read this information carefully-front and back and sign on the reverse, and turn into the receptionist.** We will be happy to give you another copy to keep for your reference.

REGISTRATION At each visit our receptionist will verify and update your address/phone information and insurance coverage and may periodically ask you to complete a new registration form to insure our information is accurate. **Please bring your insurance card to each visit.**

INSURANCE We participate in Medicaid and most commercial insurance plans in the surrounding area, but cannot know the details of the coverage and benefits for your policy. Therefore, **it is your responsibility to know your policy and what is required to access dental care.** If you have dental insurance we will file the forms for you. By “filing” these forms we mean that we place your name, address, policy number, social security number, etc. in the appropriate spaces, fill in the codes for the treatment performed, and then submit these forms electronically by modem or by mail to the address provided. In order to receive a positive response from **your** insurance company, all information provided to us about you and your policy needs to be accurate. We aren’t required to file forms as patients are free to handle this task themselves, but most people prefer us to handle it because we know the dental codes and have the computer set up to submit these forms. We offer a 10% reduction in fees for patients who elect to file their own insurance and who then pay their balance **in full** at the time of service. We will provide you with a completed insurance form, which you will sign to allow payment to be made directly to you from your insurance company.

We only file the claims and have no working relationship with any insurance company. The process should be straightforward, but can become complicated by the many rules and stipulations associated with most insurance policies. When insurance doesn’t pay, patients may rush to conclude that we “filed it wrong.” We are only human and placing the wrong address or social security number on a form can certainly happen. When this happens it is usually a simple matter of submitting the corrected form again. However, this kind of error doesn’t happen as often as some might think. In the majority of situations, misunderstandings arise about insurance because patients don’t really know details about their own policies. If you are unsure of your benefits, contact your insurance representative or human resource department before your office visit.

Most plans have deductibles and yearly maximums. Some have co-payments and many have exclusions that don’t pay for certain treatment. All of these little details can be an unpleasant surprise if you made the assumption that dental insurance is synonymous with “free” or that insurance covers 100% of everything. Many people don’t know that their insurances are meant to be a supplement, **not** a comprehensive plan that pays for everything. In addition, many people don’t know that some, **not all**, insurance companies use stall or delay tactics when reimbursing participant that they have a legal responsibility to serve. Many good companies pay within 30 days of receiving a claim, however, some companies take up to 6 months to pay. Because of this delay, we ask that you pay your **estimated** portion that insurance won’t pay so that we aren’t waiting months for the entire balance.

PATIENT RESPONSIBILITY BALANCES You will be responsible for:

- Estimated portion insurance won't pay on a claim at time of office visit
- Co-pays and balances remaining after your insurance company has paid, including deductibles and co-insurance
- Services not covered by insurance
- Balances that remain unpaid 60 days after they have been filed with your insurance company but we have received no payment or response

We do track claims that have been outstanding for too long and we can be very helpful insuring that patients receive the maximum coverage they are entitled to from their policies. If questions arise, it isn't easy to speak with knowledgeable humans at the various insurance companies because of answer trees that lead nowhere. This is not an efficient way for us to spend our time. Some insurance companies are helpful while others are quite hostile. In these situations, we have found that insurance companies are more responsive to actual policyholders than to dental offices calling on their behalf. Because we aren't "The Insurance Company" and are only submitting claims on your behalf, we can make no guarantees or promises about what **your** insurance will or will not pay. You have a responsibility to help resolve problems with claims if we have been unsuccessful in dealing with **your** insurance company. Payment is expected in full within 30 days from your first statement advising you of the balance due. Ultimately, you are responsible for paying for services and treatment rendered, whether you have dental insurance or not.

SELF-PAY AND SERVICES NOT COVERED BY INSURANCE If you do not have insurance or we are not contracted with your insurance plan, you will be expected to pay at the time of service or, in some instances, prior to service.

PAYMENT METHODS For your convenience, in addition to cash or personal check, we also accept VISA and MasterCard. Please be aware that checks returned for insufficient funds will result in a \$25.00 fee that will be added to your account.

MEDICAL CARE TO MINORS If both parents have insurance, the parent whose birthday falls first in the calendar year will be considered primary and the other parent's insurance will be secondary. When the parents are divorced, we will consider the parent/legal guardian who presents a child for care to be the responsible party for payment of services, regardless of financial responsibility established in a divorce decree. Furthermore, care for a patient under 18 years of age must be authorized by a parent, legal guardian, or someone to whom you give written authorization to present the child for care.

ACKNOWLEDGEMENT AND AUTHORIZATION I have read, understand, and agree to the above policies. Regardless of any insurance I may have, I am ultimately responsible for payment for any professional services rendered. I authorize the release of dental information necessary to process a claim for benefits under my policy and assign payment of my insurance benefits to Greencastle Pediatric Dentistry, P.C. If my account should become delinquent, I agree to pay the costs of collection, including legal fees and court costs.

SIGNATURE X _____ DATE _____