

# Haymarket Family & Cosmetic Dentistry Financial Policy

Thank you for choosing us as your family's dental health care provider. We are committed to your treatment being successfully completed. Please read and sign our financial policy. The person responsible for the account (as listed on the patient information form) is the person required to sign our financial policy. This person is legally responsible for the payment of all charges. Statements cannot be sent to other parties. Payment is requested at each appointment.

WE REQUIRE PAYMENT IN FULL AT THE TIME OF SERVICE. We accept Cash, Check, Visa, MasterCard, and Discover. Our office is a Preferred Provider for the following insurance companies:

1. Delta Dental (Premier Plans only)
2. Cigna (PPO Plans only)
3. GEHA/Connection Dental
4. DBP (Dental Benefits Provider)

If you have any of the insurance companies and plans listed above, you are not required to pay in full today. We will collect from you the **estimated** amount insurance is not expected to pay (co-insurance, co-payments, etc.) We will submit your claim and should there be a balance we will bill you for the remainder of what your insurance does not cover. Payment is expected within 30 days of the billing statement.

For all other insurance companies (other than those listed in the "Exceptions" section below) if we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you, as a courtesy. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. We will submit your claim and should there be a balance we will bill you for the remainder of what your insurance plan does not cover. Payment is expected within 30 days of the billing statement. Should you have an HMO, DHMO or POS plan, please be aware that we do not accept these plans, nor do we file the claims for you. Therefore, payment is due at the time services are rendered. It is your responsibility to notify our office of any change in dental insurance prior to your appointment. Balances due to any claim denials resulting from a policy change, lapse of coverage, insufficient or inaccurate information, will be the patient's full responsibility.

If you have more than one dental insurance, please bring your insurance information with you to your appointment. **Please note that we will only submit primary and secondary insurances.** If we participate with both insurances, we will make the necessary adjustments to our fees according to our contract with the insurance in second place. Should you have more than 2 insurances, you will be required to pay us any balance owed and we will provide you the necessary documentation for you to submit your 3<sup>rd</sup> insurance directly and be reimbursed from them. We will not be involved in submission or collection in any way with 3<sup>rd</sup> place insurance.

**Please note that insurance is a contract between you and your insurance company. We are not a part of that contract. We will not become involved in a dispute between you and your insurance company regarding deductibles, co-payments, covered or non-covered charges, "usual and customary" charges, etc. other than to supply factual information regarding services rendered. If you have any questions regarding why the insurance covered a certain amount, please address them to your insurance company.**

## Exceptions

Should you have any of the following insurance companies, please be aware that we do not work with any of their plans, PPO or HMO and we require payment in full at the time services are rendered. We will provide you with a statement of services rendered for you to submit to your insurance company for your direct reimbursement.

Blue Cross/Blue Shield (All Plans- Anthem, etc)  
Mega Life and Health Insurance

DentaQuest  
United Concordia

## Payment Plans

If you should require extensive dental treatment you will be provided with a treatment plan that shows you our total fees before insurance. Please be aware that whatever your insurance company does not pay of those fees, you are responsible for. We are sorry for the inconvenience but our office does not offer payment plans at this time.

## Overdue Balance

You are ultimately responsible for any balance on your account. If you have not paid your balance within 60 days of receipt of an invoice, a \$5 billing charge will be added each month until resolved. Any balance remaining unpaid for 90 days or more will receive a final notice letter before being sent to collections. In the event that your account is sent to collections, you will be responsible for any and all costs incurred in the collection of this debt. This includes: an interest rate of 1.5% of the unpaid balance from the last date of service, attorney fees and court costs.

I have read, understood and agree to abide by this financial policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_