

FINANCIAL POLICY

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimal oral health.

All charges you incur are your responsibility, regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, and not your insurance company. Your insurance policy is between you, your employer, and your insurance carrier. Our practice is not a party to that agreement. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full. Please review *Insurance Benefit Plans* at the bottom of this page for further explanation of how insurance companies determine payment.

Your estimated copayment for treatment, which is the amount not covered by your insurance, is due at the time treatment is provided. Your estimated copayment may be adjusted after the time of treatment depending upon the final reconciliation of insurance payments. Our practice accepts cash, personal checks, MasterCard, Visa and American Express. Third Party, extended financing is available upon approval through CareCredit. Returned checks are subject to a \$15 returned check fee. **Please be advised, our office requires 24-hour notice for all cancelled appointments. We reserve the right to charge a \$95 broken appointment fee if less than the required 24-hour notice has been given.**

INSURANCE BENEFIT PLANS

Dental benefits have become an integral part of health care planning for many families. Dental benefit plans are made available to employees or members through companies, unions, and associations, and may vary considerably from one plan to the next. The range of benefits depends solely on what the plan purchaser wished to offer to employees or members. Some plans base the amount of benefit on a chart or schedule of fees arbitrarily developed by insurance companies. This chart or schedule determines which fees are considered “usual, customary, and reasonable” (UCR). Dental plans may use UCR to determine the portion of the dental treatment fee they will pay. UCR reimbursement levels are determined by different methods by the dental plan administrators. They may vary a great deal among plans, even when those plans operate in the same area. The fee the insurance company determines to be “customary” may be very low compared to the area’s average professional fee for the same services. The plans then generally pay a certain percentage of the UCR level. For this reason, you may receive a lower percentage of the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the usual and customary (continued on back) cost of dental treatment, it means 80% of the fee determined by the insurance company, and not the actual fee charged by the dentist.

As the number of patients covered by dental plans has increased, certain assumptions have become evident. Quincy Shore Dental Care would like to make the principles of its practice, as well as the types of service and care we provide our patients, very clear:

- Our fees are based on the overhead involved in our practice, the treatment plan selected, and the time it takes to provide you with the necessary dental care. We do not believe that it is in either of our best interests for us to compromise our recommended treatment to accommodate a dental plan’s maximum benefits. However, we are more than happy to discuss a treatment plan’s advantages and disadvantages with you in order to accommodate you, not an insurance company, in the health care decision-making process.
- The type of treatment you need and receive from us is based on our professional judgement and not on whether you are covered by a dental benefits plan.
- As a courtesy to you, our staff will complete the dental portion of the dental claim form. To expedite processing, please make sure that all of your information is up to date and accurate.
- If you direct the insurance company to pay its share of the cost directly to our office, you will receive credit for the amount and be billed for the balance. Upon receipt of payment from the third-party, we will reconcile the amount, and bill or refund any difference.
- If your dental benefits plan requires a “pre-determination” or “prior authorization,” we will submit a treatment plan for review by the insurance company. However, please remember that the financial obligation for dental treatment is yours. The insurance company is responsible to you and not this office.
- If you believe that the dental benefits provided by your plan are inadequate, you may want to discuss the matter with your employer, union, or association, so that appropriate alternatives can be investigated.

Print Name of Patient or Responsible Party _____

Signature of Patient or Responsible _____

Date: _____