



FINANCIAL POLICY

Thank you for choosing our office as your dental health care provider. We are committed to providing you with the highest quality dental care so that you may attain optimum oral health. Everyone benefits when office and financial policy arrangements are understood. In order that we may have an understanding in regard to the payment for dental services, the following is our policy;

Charges incurred for services rendered are the patient's responsibility regardless of insurance coverage. Your insurance coverage is a contract between you and your insurance company, not your insurance company and us. We will file your primary and secondary insurances as a courtesy. Please realize that having secondary insurance does not necessarily mean that your services are covered 100%. Secondary insurances typically pay according to a coordination of benefits with the primary insurance. It is your responsibility to provide us with accurate insurance information and to inform us of any changes in your coverage as they occur.

You are responsible for all copays, coinsurance, deductibles, and non-covered services. We are obliged to collect your estimated copay at the time of service per your insurance company. We accept cash, debit card, check, MasterCard, Visa, Discover, American Express, LendingClub Patient Solutions financing and Care Credit financing (existing accounts only).

Statements are sent out monthly, and we ask that balances due be paid when you receive your statement or at your next appointment, whichever is sooner. Patient payments are typically applied to the oldest balances first, except for copayments and coinsurances – they are applied to the current date of service. There is a \$25.00 bounced check service charge. Payment will then need to be made by cash, money order or credit card for the balance due.

When you receive dental services from us and we bill your insurance, it is the same as though we are extending you credit. You receive the service and we await payment from you and/or your insurance. Balances not paid within 90 days may be turned over to a third party collection agency, unless prior payment arrangements have been made. Some patients may accrue large balances for services provided. We will work with these patients to set up a mutually feasible payment plan. In some cases, if the minimum payment due cannot be paid, we will need proof of financial hardship. Please understand that we cannot waive deductibles, coinsurances or copays that are required by your insurance. This is a violation of our contracts with the insurance plans.

I understand and agree to Dental Associates of Walpole Financial Policy.

Print Name _____ Date _____

Signature _____ Date _____

FINANCIAL POLICY DEFINITIONS & DETAILS

Your complete understanding of your financial responsibilities is essential; it takes a team that includes patient participation, to succeed with insurance processing and reimbursement. Failure by the insurance company to pay on services results in the balance being transferred to the patient for payment.

In order to become a “provider” of dental services through your plan, our dentists are required to enter into a contract with the selected insurance company. Such contracts stipulate that the dentists will not provide or charge for “unnecessary dental services”, which aligns with our standard of care. Our treatment recommendations are based on your medical needs, not on insurance benefits or reimbursement.

Because of the multitude of changes in the insurance industry over the past several years, we have found it necessary to be very explicit in the financial policies of this practice. We respectfully ask that you are prepared to meet your financial obligations to Dental Associates of Walpole and provide us with your estimated patient copayment in full at the time of service, as indicated by your insurance carrier and subscriber policy.

Payment Responsibility:

- The patient or his/her legal representative is ultimately responsible for all charges for services rendered.
- “Non-covered” means that a service will not be paid under your insurance contract. If non-covered services are provided, you will be expected to pay for these services at the time they are provided, or at the time of receiving a statement or explanation of benefit (EOB) from your insurance provider denying payment, whichever comes first.
- If you are unsure whether a service is covered by your plan, ultimately it is your responsibility to contact your insurance company to determine what your schedule of benefits allows, if a deductible applies, and your potential patient financial responsibility. (see “Insurance”.)

Items to bring for your appointment:

- Method of payment – for your convenience we accept cash, checks, debit card, Visa, MasterCard, Discover, American Express, LendingClub Patient Solutions financing & Care Credit patient financing (existing account holders only).
- Dental Insurance Card
- Medical Insurance Card (required for all scheduled procedures (including x-rays) related to biopsies, oral surgeries, or Enhanced Health Benefit (EHB) plans.

Insurance:

- We are contracted with multiple insurers to accept assignment of benefits. We will bill the insurance carrier as a courtesy provided that the patient has provided the required insurance information in a timely manner and has a current signed financial policy on file in our office. It is the patient’s responsibility to pay any balance not covered by primary or secondary insurance.

Insurance continued:

- If we are unable to verify your benefits, we will ask that you pay in full for your visit at the time of service, regardless of insurance coverage.
- Dental Associates of Walpole will submit a pre-estimate for proposed treatment to your insurance carrier upon request. Pre-estimates are never a guarantee of payment. Benefits are calculated

based on current available benefits and payment eligibility. Estimates are subject to modification as directed by your insurance company.

- It is the patient's responsibility to contact their insurance company and find out what their schedule of benefits allows, and what services they will and will not cover. (see "Payment Responsibility".)

Co-Pay, Co-Insurance & Deductibles:

- We are required by your insurance provider to collect the estimated co-pay at the time of your visit. The co-pay, co-insurance and applicable deductible amounts are determined by your individual insurance policy.
- Some insurance plans require that patients pay a predetermined dollar amount prior to services being covered called deductibles. Deductibles processed by your insurance company are due by your next visit or billing statement whichever comes first.

Patient Payments:

- We gladly accept checks as a form of payment. We charge a \$25.00 return check fee. If a check is returned on your account twice, we will no longer be able to accept checks as a form of payment on your account.
- Unless an individualized payment arrangement has been made on your account, patient portion balance is due at the time of service. If patient portion due is not paid in full within 90 days a late fee will be charged on your account.
- For all services rendered to minor patients, we will look to the guarantor of your account on record for payment. We will not get involved in custody disputes.

Appointment cancellation, rescheduling and no-shows:

- As a courtesy to our patients, we verify appointments two days prior to the scheduled appointment.
- Dental Associates of Walpole requires notification of cancellation at least 24 hours prior to the appointment or earlier if possible. We will consider an appointment failed any time a patient has not given 24 hours advance notice of cancellation. Patients who fail multiple appointments in any given 12 month period will be reviewed for dismissal due to breakdown in the patient doctor relationship. You will be responsible for any fee assessed to your account due to a failed appointment. Fees commensurate with length of appointment time and will be assessed to your account.

Patient Refunds:

- Patient refunds are issued to the guarantor listed on the account. Patient refunds will not be reviewed for processing until all pending claims are received paid/unpaid, and all active or past due balances are paid in full.

Outstanding Balances/Collections:

- Payment is due at the time of service. If we do not receive the patient portion balance in full within 90 days from the date of service, your account and outstanding balance will be referred to a third party collection agency to assist us in collecting this balance.

We thank you in advance for taking the time to review these policies and your understanding of our need to have in place such an in depth policy.