

Dr. D's Family Dentistry Financial and Insurance Policy

Welcome to Dr. D's Family Dentistry. We are committed to providing you with the best possible dental care. If you have dental insurance, we will help you in your effort to receive your maximum allowable benefits. In order to do this, we need your assistance and your understanding of our financial policy. We will be happy to process your insurance claim provided you provide the correct information in a timely manner.

If there are any changes in your employment or insurance carrier please notify us immediately so we may update our records. If you do not notify us of any changes before your appointment we reserve the right to charge \$25 to refile your insurance a second time. After that, it will become your responsibility to obtain reimbursement from your insurance carrier.

We will gladly discuss your proposed treatment and answer any questions you may have relating to the cost of the treatment and insurance coverage.

Please read the following carefully:

1. Your insurance is a contract between you, your employer, and the insurance company.
2. Insurance companies gather random fees for the regions and make a determination of what an "average" fee is for each procedure. This applies to plans paying a percentage (such as 50% or 80%) of "UCR". Please understand, however, our calculations are strictly ***ESTIMATES*** and are no guarantee that your insurance company will reimburse us/you according to these estimates.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Since there are hundreds of dental plans and they vary widely in coverage levels, frequency limitations, deductibles, and maximums, etc., we ask that you be responsible for familiarizing yourself with your Individual insurance coverage and inform us of any exclusions or restrictions regarding your coverage.
4. Cosmetic services are not covered by most insurance companies and payment for these services are due in full when they are rendered.
5. Any amounts your insurance company fails to pay is ***your*** responsibility.
6. Payment for services is due at the time services are rendered. We emphasize that as dental care providers, our relationship is with you, ***not*** your insurance company. While

the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. If difficulty arises with payment from the insurance company we will ask you to contact your carrier to solve the problem. All expected insurance balances remaining unpaid after 60 days from the date of service becomes the immediate responsibility of the patient and/or account holder.

Returned checks and balances older than 30 days will be subject to an additional billing fee. Balances older than 60 days are subject to additional collection fees and interest charges of 5% per month in addition to a \$5.00 monthly service charge.

We reserve the right to charge \$50.00 for broken appointments and appointments cancelled without 24 hours advance notice.

Any attorney or collection fees incurred due to delinquency in payment will be charged to the patient.

If you have any questions at any time about your insurance, please contact your insurance company directly.

By signing below you agree to the terms set forth in this financial policy.

Print Name:

Sign Name:

Date:

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