

FINANCIAL (PAYMENT) POLICY OF

THE DENTAL PLACE

We welcome you to our practice! We are here to assist you in living a healthier life. We will gladly answer any questions that you may have regarding your oral health as well as any treatment before we proceed. We hope that you find your future visits with us comfortable and enjoyable! It will be our sincere wish that you recommend us to other family member, as well as your close friends!

(YOU'RE INSURANCE, YOUR EMPLOYER, AND YOU)

If you have insurance, you should be aware that your employer has purchased a policy on your behalf at a certain dollar amount of "coverage". Your plan may have restrictions on what it will pay" towards your wanted or needed treatment and it may even go so far as being "restrictive on frequency of treatments".

Please understand that No insurance policy pays 100% of all treatment.

- ❖ Some **employers** absorb most of the cost for their employees by buying more (or higher percent) of "coverage", (usually at the 70th to 90th percentile) meaning less employees' out of pocket expenses are required towards wanted or needed dental care.
- ❖ While other employers buy less (or a lower percent) "coverage". Purchased between, the 40th and 50th percentile, meaning, more employees' out of pocket expenses are required towards wanted or needed care.
- ❖ Along with the above restrictions, some carriers have established what they call, their "maximum allowable" or usual, customary and reasonable"(UCR) dollar amount they pay towards any treatment.

Your carrier's "maximum allowable", or "UCR"(or restrictions) is based completely on the "amount of coverage" your employer previously elected to purchase towards the cost of the policy for you.

1. We accept cash, credit card payments (Visa/MasterCard, Discover, and American Express.
2. During your visit, our financial coordinator will do her very best to help you determine your" coverage" as well as your "estimated" portion by contacting your carrier. Please understand that your carrier's "estimate" is, after all, just that-an "estimate" only and it is also no guarantee of payment. In the event that your carrier does not pay their full "previously estimated" portion, the portion for treatment provided) are to be completed at each visit.
3. Understand that your insurance carrier has a contract between two parties only; they are your employer and you. It is important that you are aware that your carrier does not have a contract with our practice other than being a provider. Our obligation is with you, regarding your continued oral health.
4. Please help us help you by keeping us informed of any changes in your health history as well as your insurance policy. Failure to do the latter may result in denial of your coverage via your carrier. The payment for any already performed treatment will need to be paid by you within 30 days.

If you refer 5 patients outside of your household you will receive a free bleaching kit worth 380.00 dollars so tell your family and friends about us

I have read the Financial Policy of **THE DENTAL PLACE**. I understand that I am responsible for all un-paid treatment and I agree to this policy. I have also been given a copy of this policy.

Signature of Patient or guardian

Date