

## **Jade Dental Professionals Office & Financial Policy**

Welcome and thank you for choosing our office for your dental care. Dental treatment is an excellent investment in one's physical and physiological well-being. Our office is committed to providing the highest excellence in quality dental care through the use of state-of-the-art technology and equipment. We hope that providing you with our policies in advance we can prevent misunderstanding and frustration.

Initial \_\_\_\_\_ **Insurance:** For our guests with dental insurance, when making an appointment with our office it is your responsibility whether Jade Dental is under contract with your plan. As a service, Jade Dental Participates with most insurance plans.

Initial \_\_\_\_\_ **The insured is responsible for knowing their benefit coverage.** We agree to verify and file insurance for our guests. Every attempt will be made to determine an estimate of the insured's coverage, but because the insurance policy is a unique agreement between your employer and the insurance company, we can make no guarantees. If a payment is not received from your insurance carrier within 60 days of filing the claim, the balance will be due. We cannot become involved in disputes between you and your insurance company regarding coverage and/or benefit criteria, i.e. deductibles, non-covered services, coinsurance, coordination of your benefits, per-existing conditions, or "reasonable and customary charges," etc, other than to supply factual information when necessary. Each guest is ultimately responsible for the timely payment of their account.

Initial \_\_\_\_\_ **The estimated responsibility will be due on the day of service.** In some cases, this estimate may be higher than expected. One reason for this is an "alternative benefit" that many insurance companies use. "Alternative benefit" means that benefits are based on the least costly procedure that exists to treat a condition. The composite resin material (tooth-colored fillings) now used in dentistry for restoration is an example of when insurance plans use and "alternative benefit." When composite material is used to treat posterior (back) tooth decay, and "alternative benefit" is often used. The insurance company allows for an amigram (silver) fitting which is less. The patient must pay the difference.

Initial \_\_\_\_\_ **Check out:** Please be prepared to pay for the current visit as well as any past balance on your family account. Payment for deductibles, estimated responsibility, or fees for non-covered services will be required at the time of service. For your convenience we accept cash, check, Visa, MasterCard, and Discover.

Initial \_\_\_\_\_ **Late arrivals:** We do our best to keep the schedule. When a guest arrives late, it is difficult for us to stay on time. If you arrive more than 10 minutes late we may need to reschedule so that other guests are not inconvenienced.

Initial \_\_\_\_\_ **"No shows" and late cancellations:** We require a 24-hour advanced notice if you must cancel your appointment. Established guest with repeated "no shows" will be charged a fifty doallar (50.00) cancellation fee.

Initial \_\_\_\_\_ **Should there be any balance remaining after insurance has been collected, it will be due 30 days after the receipt of the statement.** If an overpayment is made, a credit will be applied to the account and held on for future late charges, unless a refund is request. Please be aware tat some, if not all, may not be covered under your insurance policy. We will make every attempt possible to let you know what your insurance will provide prior to treatment. However, it is ultimately the insured's responsibility to insure coverage of any procedure.

Initial \_\_\_\_\_ **Non-covered services:** In dentistry, there are many procedures that are done for cosmetic purposes or procedures that have a cosmetic component and these are not covered by insurance. There are also times when treatment is not a covered benefit, or the treatment exceeds the yearly benefit allowance. Examples include, but are not limited to: teeth whitening, veneers, porcelain/ceramic crowns, ginglvectomies, implants, and night guards. A separate “financial policy” may be required to acknowledge your responsibility regarding these types of services.

Initial \_\_\_\_\_ **Collections:** In the event that we must turn your account over to an agency for collections you will be responsible for any and all financial charges, collections, and attorney fees.

I have read and agree to the above office and financial policies. I have given and agree to provide demographic and insurance information and authorize release of information necessary for insurance filing, if applicable. By signing this statement, I also authorize my insurance company to reimburse Jade Dental directly for any benefits I may be eligible for.

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