

## Financial Policies for Patients with Insurance Coverage

### **Payment Policy for Insurance Coverage Patients:**

It has been our experience that it is wise to have a complete understanding of our payment policies before beginning care. If you have any questions concerning financing or billing, do not hesitate to discuss it with our office.

Many insurance policies cover a portion of a patient's dental care. The insurance is there to support you receiving care, but rarely is it in place to cover all the care you may need. As a courtesy to you we will do our best to let you know what portion of your recommended care program the insurance will be covering, but ultimately the responsibility for verifying your insurance benefits falls on you. We encourage you to stay in close contact with your insurance company during your care here to insure that no changes have been made to your coverage.

A "Co-Pay" or Co-Insurance" is the portion of a service that your insurance policy does not cover. The co-pay will be due at the time the service is rendered, and is different than the amount that may be due if your deductible has not been met or your insurance coverage has been exhausted.

If your insurance should become exhausted while you are still under care in our office, we have in place many options to make the transition to a self-pay account very comfortable. We would be very happy to discuss those options with you.

Thank you for your cooperation with our financial policies and welcome to our office.

1. We accept the following forms of payment: Cash, personal/business checks, Visa and Master Card.
2. Payments of your estimated co-payment & deductible are expected at the time of your dental appointment.
3. We will bill your primary and secondary insurance provider if applicable, for care as a courtesy to you. An insurance contract is, however, ultimately between the patient and the insurance company.
4. Insurance coverage is never guaranteed. If there are any problems between the insurance company and the patient, the latter may file a grievance directly with the insurance company.
5. Please note that your insurance company determines benefits when they receive our insurance claim billing. Actual insurance coverage (if any) will be determined by your carrier at the time the insurance claim for your treatment is processed by your insurance carrier
6. As a courtesy, we will attempt to obtain from your insurance company an estimate of your insurance coverages. However, any statements or estimates made by our staff regarding your insurance coverage in no way guarantees that your insurance company will actually cover your care. You will ultimately be responsible for your account, regardless of insurance. Accordingly, you should always personally contact your insurance company to verify your insurance benefits and coverages. By doing so, you can verify the accuracy of your insurance coverages for proposed dental treatment.
7. Please evaluate your policy thoroughly with regard to your dental coverage.
8. Your signature below designates assignment to this office for collection of insurance benefits and also authorizes this office to release daily chart notes to your insurance company when necessary or requested for the processing of claims.
9. Active monthly payments are required for any account having a balance more than 30 days past due to an outstanding insurance claim yet to be paid. Accounts with balances 30 days past due may be charged a service fee of 12% per year compounded monthly.
10. Any account where no payment has been received for sixty days will be subject to being sent to a third party collection agency.
11. Please feel free to ask us any financial or insurance questions you may have. Our intent here is to provide you with the highest level of service.

**By signing below, I acknowledge that I understand the policies as contained herein and that I have received a review of my insurance benefits from one of the staff and understand my financial responsibility regarding the care I receive at Loving Dentistry.**

**Patient or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initials of staff reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_