

Insurance and Financial Policies

North Gwinnett Dental Care believes that you and your family deserve the very best dental care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to many patients, some have dental insurance benefits and some do not. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know.

Please initial each paragraph below

_____ Your dental benefits are based upon a contract between your employer and an insurance company or you and an insurance company. If you have questions about your insurance please contact the insurance company directly. Dental benefit plans are not designed to pay the entire amount for your dental care, just a portion. It is meant to assist you.

_____ We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list). This means we work with literally thousands of insurance companies. Although we keep computerized histories of payments by a given company, they do change; therefore it is impossible to give you a guaranteed quote of exactly what insurance will pay at time of service. We will estimate your portion based on the most up to date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know more about your insurance benefits, we will be happy to file a "pre treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage (because we have seen insurance companies send us predeterminations and then not pay according to what they said!). This does delay treatment slightly but will give you a much more accurate estimate.

_____ We will bill your insurance as a courtesy. If your insurance does not pay within 90 days, North Gwinnett Dental Care reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare, but it is important that you realize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not part of that legal agreement. Ultimately, you are responsible for all charges incurred in our office. Occasionally insurance companies will **ONLY** pay the patient and will not send payment to us, in this case we require our fee to be paid in full at time of treatment.

_____ North Gwinnett Dental Care does require payment in full for your portion of the dental costs that we do not expect insurance to pay. We accept MasterCard, Visa, American Express, Discover, cash and checks. If you are in need of an extended finance option, we also work with CareCredit, who offers 6, 12 (over \$300) or 18 month (over \$1000) "same as cash" financing or longer terms that would be interest bearing. Everyone that qualifies can receive an interest free amount of time to pay for their dental treatment. A short application is required and we usually have an answer back within 10 minutes. After the interest free period, Care Credit does calculate the loan with a standard credit card interest rate, so it is in your best interest to pay it off within the interest free time period.

_____ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least a 24 hr notice to avoid the \$35 cancellation fee. If you have an emergency-allowances will be made.

Our courtesy service to you includes:

- 1) Filing your insurance electronically within 24 hours of service and requesting payment be sent directly to us.
- 2) Following American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as the owner of the policy:

- 1) Payment of fees not covered by your insurance plan at time of treatment.
- 2) Realize that dental insurance policies restrict payment for some services, use restricted fee schedules (called UCR) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for the insurance, *not* our fees or recommended treatment.
- 4) You will have to take responsibility for any fees your insurance has not covered after 90 days. The balance on your account will be charged to your credit card. If any amount is left outstanding, subsequent statements will be charged a \$5.00 late fee and interest will accrue at 1.5% per month of the outstanding balance. Any expenses incurred in collecting a past due account will be added to the balance.

I hereby authorize North Gwinnett Dental Care to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to North Gwinnett Dental Care, I understand I am responsible for any unpaid balances.

I authorize North Gwinnett Dental Care to keep my credit card on file (encrypted) AND to charge my credit card with balance of charges not paid by insurance within 90 days after treatment has been rendered.

I understand that treatment can not be completed until it is paid for (i.e. crowns will not be cemented, dentures will not be placed).

I understand that if I do not have a credit card on file, it will be necessary for me to pay for all treatment on the day of service.

Printed Name of Responsible party

Date

Responsible Party Signature

What family members are covered by this agreement? _____