

### Our Financial Policy

Thank you for choosing Family Dental Care as your healthcare provider. Our office is fully committed to your treatment being as successful as possible. The office manager and patient service representatives will work very hard to ensure that your paperwork is filed promptly and accurately.

In order to provide you with the highest quality service while also keeping our billing costs low, we do require payment for *most* services at the time treatment is rendered. However, we also offer automatic payment arrangements. This is done by simply maintaining your credit, debit, or check card number securely on file to satisfy all co-pays, deductibles and balances that are not covered by your insurance company. We do *not require* that you leave your information on file unless you are setting up an extended payment arrangement.

**We accept all major credit cards, debit cards, checks and cash. We also offer Care Credit as an extended payment option.** Please see the office manager or patient services representatives to inquire on how to apply for Care Credit.

### Insurance Payments & Collections

We require *all* patients/responsible parties to present photo ID, social security numbers and an alternate insurance ID (if applicable). Identification is used to protect your interests and ensure that no one is able to use your insurance benefits or identity fraudulently. Your social security number is also used in combination with your insurance identification number for claims and benefit information. We must have this information on file in order to serve you adequately. All of our records are completely secure and protected. None of your information is transmitted electronically over the internet. Please understand that insurance reimbursement can be a long and difficult process for our office. In fact, insurers routinely stall, deny and reduce payments. Our front office staff has undergone extensive training on how to maximize your insurance reimbursement while reducing the time by which they pay. While we give you the best possible information based on the limited information that your insurance company is willing to provide us with, *it is ultimately the responsibility of the patient to know your contractual benefits package with your insurance carrier.* **Please initial below next to the type of insurance plan you have,** as this will help us to speed up payment and eliminate any future confusion. Thank you.

### PPO Plans

\_\_\_\_\_ We have agreed to accept the discounted fee schedule from your plan. However, all co-pays and deductibles are your responsibility and are due *at the time of service*. We can only estimate your balance to the best of our ability and do not guarantee any amount the insurance should pay. Since these balances are purely estimates, we do recommend using our automatic payment system. After your insurance has cleared you may transfer the balance to a card on file or you can send a check. Please indicate your preference.

\_\_\_\_\_ Transfer my balance.

\_\_\_\_\_ Call first, I may want to send a check.

### Non-Contracted or Indemnity Insurance Plans

\_\_\_\_\_ We will bill your insurance company as a courtesy. As a convenience and service to you, our office will absorb the costs incurred for billing. However, we require that you pre-authorize the 'letter for insurance stalls' in order to expedite your insurance payment. If you are a new patient we may require that you enroll in automatic payments in order to guarantee your account. In the event that your insurance does not reimburse us within 45 days, we will simply transfer the balance on your account to our credit or debit care. Please indicate your preference.

\_\_\_\_\_ Transfer my balance.

\_\_\_\_\_ Call first, I may want to send a check.

### Self-Insured/Union Plans

\_\_\_\_\_ Our office has been thoroughly trained to get reimbursement from your employer. However, in the event that there is a problem you must provide us with the name and telephone number of your Human Resources Director and/or Benefits Manager. If we are not contracted with your administrator or employer, we will bill your plan as a courtesy. In the event your plan does not pay within 90 days we may simply transfer the balance on your account to our credit or debit care. Please indicate your preference.

\_\_\_\_\_ Transfer my balance.

\_\_\_\_\_ Call first, I may want to send a check.

Signature Responsible Party

Date

By signing below you acknowledge that you have read and understand our Offices Financial Policy and agree to its terms and conditions. Please let us know if you have any questions or concerns.

We reserve the right to charge interest in the amount of .75% per month on all past due accounts provided by state law. Past due will be any account that has gone unpaid for more than 60 days. We may also charge a \$10 monthly re-billing/statement fee for all delinquent accounts. All accounts unpaid after 90 days will be considered delinquent. After 90 days and a reasonable attempt to collect any unpaid balance on your account we may refer your account to a private collection agency. Any account referred to collection will have the following fees assessed: \$200 application fee, \$100 administration fee, \$100 filing fee and a \$100 processing fee. In addition, any special discounts or courtesies that have been extended to your account will be reversed and you will be liable for those charges. In the event that our collection agency is unable to reach an agreement with you and they must seek legal remedy you will be liable for all court costs and attorneys fees in addition to the above mentioned fees.

#### Interest, Re-billing & Collection Fees

The adult accompanying the minor or the parents and/or guardians of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan and a 'Minor Treatment Authorization Form' has been signed. Credit card, Debit card, Cash or Check must be presented at the time of service.

#### Minor Patients

This office is **NOT** party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rest with the accompanying adult who may or may not be the primary insurance holder.

#### Divorce Decrees

Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary prices for our area. You are responsible for payment regardless of your insurance companies arbitrary determination of usual and customary rates.

#### Usual and Customary Rates

Having more than one insurance **DOES NOT** necessarily mean that your services will be covered at 100%. Secondary insurers will pay as a function of what your primary insurance carrier pays. We will bill your secondary carrier as a courtesy. You will be responsible for any balance after your insurances have cleared.

#### Secondary Insurance/Coordination of Benefits

As a participation provider we will bill your Medicare/OHP provider. This type of coverage usually does not have a co-pay. However, there are some procedures that will not be covered by your plan. Should you choose to go forward with any uncovered procedures you will be made aware of charges before the treatment is preformed. Any out of pocket expense will be *due at the time of service.*

#### Oregon Health Plan/Medicare