

## Financial Policy

As a result of the many different and confusing insurance company reimbursement policies, it is necessary to have an easily understood financial responsibility policy.

- It is important for you to provide the office with complete insurance information for all carriers with whom you are insured at the time of service. **AT EACH OFFICE VISIT** we need you to show us your insurance card to ensure that your current insurance information is on file.
- As a service to our patients, we will submit your insurance claim to your primary insurance company with all the information necessary to help you receive maximum benefit from your insurance company. However, it is the patient's responsibility to know the insurance coverage and benefit limits of their particular policy. *Dental Insurance plans RARELY cover the ENTIRE cost of dental care. We are not a participating provider on most dental insurance plans, therefore YOU, the patient, are responsible for the difference/balance between our fee and the insurance company's allowable fee.*
- If a claim is denied, we will research why the rejection occurred and either re-submit the claim to insurance or bill you the appropriate balance. If the claim is denied a second time, the appropriate balance immediately becomes the responsibility of the patient and should be paid to us directly. You may then contact your insurance company for reimbursement.
- If the patient has coverage with a secondary insurance company, we will submit all secondary claims directly to that insurance company along with a copy of the explanation of benefits from the primary insurance.
- Insurance is a PATIENT's benefit, designed to ASSIST the patient in their financial obligation to our office. *(Insurance is a contract between patient and company)* The patient is the one receiving the dental services and therefore is ultimately responsible for all charges on the account, regardless of any insurance coverage. This applies to everyone in the family who is treated in our office.
- The office will collect the patient's deductible and the estimated balance after the primary insurance payment **AT THE TIME OF SERVICE**. *Please expect to pay your*

*deductible and remaining patient balance as per your insurance, or make a financial arrangement with our treatment coordinator.*

- In the event that the patient does not have insurance coverage, charges for services are due and payable at the time services are rendered, unless a signed financial arrangement has been signed and approved.
- **Financing:** Financing of dental care is available through Williams-Dental at no interest for the first six (6) months of your treatment. A deposit, based on the total cost of your treatment, is required to cover use of materials and lab fees associated with your case. After the first six months, an interest rate of **1.5%** will be charged on a monthly basis on all outstanding balances. Financing is also available through a health care credit company, **Care Credit®**. This is an **interest free** loan with terms up to 18 months. We will be happy to help you with this application process.

Insurance benefits are estimates only. I understand that I am responsible for any co-payments and deductibles, along with any procedures that my insurance company does not cover. I authorize Williams Dental to release any information, including diagnosis and records of treatment rendered to me or my family during the period of such dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to Williams Dental insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered and any collection fees accumulated on my behalf or that of my dependents. I am also responsible for any insurance claims not paid within 60 days of service.

I have read and understand the above disclosure statement:

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Signature of Patient (parent if minor) or Responsible Party

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Date