

Financial Policies
Midnight Sun Smiles, LLC
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We have prepared this brochure to help answer many of the questions patients have regarding the financial policies in this office. The receptionist will be happy to answer any questions you might have with respect to the following information. Your signature on the "Medical History" form acknowledges that you have read this brochure in its entirety and you have a full understanding of the information contained herein. When you have completed the *Patient Registration and Health History* forms, please give both forms to the receptionist. Feel free to keep a copy of this brochure for your records. If you have any questions about other aspects of this practice, we have prepared a separate brochure entitled "ABOUT OUR OFFICE" which will help answer many of those questions.

New and Continuing Patients

For new patients, we require payment in full for the initial appointment. On subsequent appointments, we accept insurance on a conditional basis. Normally you need only pay any remaining deductible and the estimated uninsured portion of the incurred charges (the co-payment amount) for work completed at each visit in accordance with the policies set forth below. However, you are ultimately responsible for payment of the account. *If we do not receive payment from your insurance company within 45 days of the claim submittal, we request payment in full at that time.*

We accept cash, checks, credit cards (Visa, Mastercard, Discover, and American Express). For your convenience, if your account goes beyond the 45 days, you can pre-authorize payment of your account by one of several different means as detailed on our "Financial Agreement Pre-Authorization Form".

A. Patients with Dental Insurance

SINGLE POLICY COVERAGE - For those patients with single policy coverage, the policy set forth above applies.

DUAL OR MULTIPLE POLICY COVERAGE - For those patients with dual or multiple insurance coverage, the co-payment amount is to be paid as above, except that this will generally apply only to the insurance deductible specific to each policy. The 45 day limitation described above will apply to all insurance claims made on your behalf.

NON-COVERED PROCEDURES - Charges for procedures that are not normally covered by dental insurance are to be paid for at the end of each appointment. An insurance claim form will be prepared for you to submit to your insurance company for reimbursement directly to you at your request.

PRE-TREATMENT AUTHORIZATIONS – We do not routinely prepare pre-treatment authorizations (estimates) and submit them to your insurance company for approval. *REASON:* Receipt of an approved pre-treatment authorization (estimate) in no way guarantees payment by the insurance company, but only indicates that such procedures may be eligible for reimbursement if annual maximums have not been exceeded and the policy is in force when the actual treatment is started and completed. All insurance companies have informed us they will consider claims for treatment only after the treatment is complete, and anything prior to that is nothing more than an estimate and not a guarantee of payment.

ULTIMATE RESPONSIBILITY - *You are ultimately responsible for the payment of all outstanding charges on your account, regardless of your insurance coverage.* Procedure codes are billed exactly as they relate to the treatment completed. We will not bill your insurance company using a procedure code that differs from the treatment performed, because such action constitutes fraud. We will assist you in obtaining payment from your insurance company for claims that are questioned relative to your specific coverage, but dealing with your insurance company is your responsibility.

B. Patients without Dental Insurance

PAYMENT BY PROCEDURE - All charges incurred at each appointment must be paid in full at the end of each appointment.

Billing a Fourth Party

Due to legal considerations, we will not become involved in disputes between parties or send billing statements to a fourth party. An example of this is when a parent asks us to bill a divorced spouse or the insurance of a divorced spouse for treatment completed on their dependent children.

Treatment Plans

Upon completion of an oral examination (including x-rays), at your request, a formal *Treatment Plan* can be prepared to itemize the recommended treatment procedures and the fees associated with such procedures. You will be asked to review the *Treatment Plan* which is used to advise you of 1) the recommended and alternative types of treatment available to you, 2) the risks and benefits associated with the intended procedures, 3) the estimated costs of such procedures, and 4) to obtain your consent prior to starting with any of the dental procedures. A formal *Treatment Plan* will not be prepared for emergency treatment situations or for simple treatment needs unless specifically requested by you.

Major Procedures

Major procedures generally require more than one appointment to complete. These include but are not necessarily limited to 1) root canal therapy, 2) crowns, 3) bridges, 4) dentures (both full and partial), 5) crowns on implants, and 6) hybrid dentures on implants. Payment for major procedures shall be as follows: *Fifty percent (50%) of the treatment cost for each procedure is to be paid at the appointment when treatment is initiated, while the remaining fifty percent (50%) is due and payable at the appointment when the treatment is completed.* Charges for major procedures are applied to your account at the beginning of treatment, not when treatment is completed. Once major treatment has begun, you are liable for the full amount of the charges even if you decide not to complete the treatment. If you fail to complete the treatment for any reason, your insurance will not be billed. If treatment is completed in one appointment, all estimated un-insured costs are due and payable at that time, no exceptions. Your insurance coverage will be taken into account when considering amounts due.

NSF Checks and Checks Drawn on Closed Bank Accounts

If a check is returned unpaid to our office from your bank due to *non-sufficient funds*, we will apply a \$15.00 NSF charge to your account and contact you by telephone and advise you as such. At your request, we will resubmit the check one time only and if it is returned unpaid a second time, an additional \$25.00 NSF charge will be added to your account. At your option, you can personally pick up the check from our receptionist upon payment of the balance due. If you instruct us not to resubmit the check and you fail to clear the balance due within 5 working days of when the check was first returned, an additional \$25.00 NSF charge will be added to your account at that time.

If a check is returned unpaid to our office from your bank due to a *closed account*, a \$25.00 NSF charge will automatically be added to your account. We will contact you by telephone and advise you as to the returned check,

Account Statements and Delinquent Accounts

A statement of your account will be mailed to you each month if an outstanding balance exists. For your information, you will receive a statement even though your insurance may have been billed for recent treatment and payment from the insurance company has not yet been received. **On all** overdue accounts, collection activity will proceed as follows:

	<u>No. Days Overdue</u>	<u>Action</u>
Patients with or without dental insurance.	45	- Balance due in full. First reminder letter and interest begins to accrue
	60	- Second reminder letter by certified mail
	90	- Account is sent to a collection agency or small claims court

For those patients with insurance coverage, the days overdue count will start on the date when the claim is submitted. In the case of some major work, the claim cannot be submitted until the treatment is complete.

If an account is referred to small claims court and a judgment is rendered in our favor, in addition to your overdue balance, you will also be responsible for the payment of all court costs and attorney fees associated with obtaining such a judgment. A minimum charge of \$75.00 will be added to your account if it is referred to small claims court. *If, due to unknown circumstances, you are unable to pay your account in a timely manner prior to collection activity commencing, please contact our office to make arrangements for payment.* If you have any questions regarding your account at any time, please feel free to contact the receptionist during normal office hours.