

Advanced Family Dental

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Financial Policy

Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

FINANCIAL AGREEMENT:

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, Visa, MasterCard, or Discover. We also offer Care Credit, which is a financing option available only for healthcare expenses. If a check is returned for Non-Sufficient Funds, your account will be charged \$30.

Patient accounts 60 days and older will accrue a finance charge of 1.5% per month. Accounts with balances open 90 days will be subject to more aggressive collection efforts. You will be responsible for any and all costs incurred in the collection of your debt (i.e. collection agency fees, court fees, and/or attorney fees). Recovery costs can increase a patient's balance by as much as 40%.

While undergoing treatment, if there is a change in the needed care, there will be a fee for any additional procedure NOT included in the original treatment plan.

Minor patients: In the case of divorced or separated parents, it is YOUR responsibility to have financial arrangements made according to the divorce decree before treatment begins.

APPOINTMENT INFORMATION:

We request at least 48 hours notice before cancelling or rescheduling an appointment. This allows us some time to try and fill the opening left in our schedule. We reserve the right to charge your account \$50 if we are not notified at least 48 hours before your appointment. Thank you for assisting us in keeping our schedule full.

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.

Patient's name (please print)

Patient's signature

Date

INSURANCE INFORMATION:

_____ As a courtesy, we will gladly contact your insurance in order to provide an “estimate” of your patient portion. However, despite this, we cannot guarantee the payment of the insurance benefits nor can we provide 100% accuracy of this estimated amount since many factors are involved that determine the actual payment of benefits once submitted and processed by your insurance. Keep in mind that many insurance companies base their quoted percentage of coverage (i.e. 100%, 80%, 50%, etc.) on their own fee schedule, and not our office’s actual fees, which may result in a balance due higher than expected.

_____ Our doctors will diagnose treatment based on your dental health, not your insurance coverage. Please realize that dental insurance isn’t really insurance (a payment to cover the cost of loss) at all. It is actually a money benefit, typically provided by an employer, to help employees pay for routine dental services. The employer usually buys a plan based on the amount of benefit and how much the premium costs per month. Most benefit plans are designed to cover a portion of the total cost of a person’s necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean the patient does not need a crown, only that the benefit is limited to a filling.

_____ Please, understand that dental insurance is a contract between the patient and the insurance carrier, not between the insurance carrier and the dentist. The patient is still the responsible party regarding the dental fees for services rendered. We are glad to process your insurance form at no charge. If your insurance has not paid within 60 days of service rendered, you will need to make full payment to this office and be reimbursed when your insurance company pays. After 60 days the patient is responsible to pursue payment from the insurance company. All current documentation will be provided by mail in order to assist you inquiries. **The insured has a better ability to deal with the insurance company and the employer responsible for the policy.**

_____ It is the patient’s responsibility to confirm dental insurance status and benefits available. If you do not have your dental information available, payment in full will be due on the date of dental services performed.

_____ Insurance plans have a yearly maximum benefit. If you don’t use the benefit before the end of your policy year, you lose the benefit for the year. For most policies, preventative appointments are deducted from your maximum benefit.

_____ Treatment provided in another dental office during your current plan year may alter your co-payment due for services in our office. In such cases we are not able to track whether or not you have reached your yearly maximum benefits. Please call your insurance company if this applies to you.

_____ There are many factors in determining patient responsibility where coordination of benefits between two insurance companies is involved. We will provide you with the most accurate information available to us but cannot guarantee what your out of pocket expense will be.

Patient’s signature

Date