

IMPORTANT DENTAL INSURANCE, PAYMENT AND FINANCING INFORMATION

Our fees are based on providing the finest care, skill and time required for the appropriate treatment. We believe open communication is important and will discuss your care and associated fees in detail with you before beginning any treatment.

Insurance Information

We make every effort to provide you with the finest care, skill, and time required for the appropriate treatment. We participate with many different insurance plans, and will gladly work with you to maximize your insurance benefits. Understanding your insurance benefits can be very challenging, and each plan differs in its covered services, deductibles, co-payments, and policy exclusions. Our experienced front desk team can help to make your plan's terms clear. It is important for you to become familiar with your insurance plan. At all times, you can be confident that we will always provide you with our best services without regard to the limitations imposed by your insurance coverage.

As a courtesy to our valued patients, we will:

- File your insurance claim electronically on the day of your visit, and request payment of your benefit directly to our office.
- Research your dental insurance plan prior to your visit, and advise you of benefits available to you.
- Coordinate benefits available when you have more than one dental insurance plan.
- Attach all supporting documentation to your claim, such as narratives and appropriate radiographs.
- Pre-authorize large treatment plans to determine exact insurance benefits.
- Follow the American Dental Association guidelines for coding and filing insurance claims.

As the insurance policy holder, you must:

- Understand that although we participate with your insurance plan, you own the policy and we have no leverage to obtain payments or benefits from your insurance carrier. You are responsible for all fees associated with your treatment regardless of your insurance coverage.
- Realize that dental insurance policies restrict payment for some services, use restricted fee schedules, and exclude some procedures based on prior conditions or waiting periods.
- Pay all fees not covered by your insurance, and all estimated co-pays at the time of service.
- Pay any fees your insurance company does not pay our office within 75 days.
- Keep our office informed of any changes to your insurance coverage or employment.

Financial Policy

At New Town Dental, we continually strive to provide you with the finest care, skill and time required to complete your treatment. We believe in fully discussing your care and associated fees before beginning any treatment. We realize that every patient's financial situation is different, and we have worked hard to provide a variety of payment options to allow you to receive the dental care that you deserve.

To maintain efficient practice operations, and to prevent any misunderstandings, we ask that you review and adhere to the following financial arrangements:

- Payment for dental services provided is due at the time service is rendered unless other arrangements have been made in advance. For our patients with dental insurance, this means that your deductible and copay is due at this time. We will work with you to maximize your insurance benefits, however, you are fully responsible for all fees associated with your treatment regardless of your insurance coverage. For your convenience, we accept cash, checks, Visa, MasterCard, and Discover.
- When a balance is due on your account, you will receive a monthly statement. After 45 days, any unpaid account balance will be assessed the larger of a \$3 fee or 1.5% of the balance per month. After 90 days, any unpaid accounts will be referred to our professional collection agency. If collection services are required due to non-payment, all collections and attorney fees will be applied to your outstanding balance.
- Please contact our office if your statement does not reflect your insurance company's payment within four to six weeks following your treatment. Any remaining balance after your insurance company has paid is your responsibility, and prompt remittance is appreciated.

Discounts and Financing Plans

- **5% pre-payment discount:** On treatment costs greater than \$1500, we offer a pre-payment 5% discount when paid by cash or check.
- **Major Service payment option:** For major work such as crowns, bridges, or dentures, you may divide your payment over the number of visits it takes to complete the treatment.
- **Payment Plans:** You may make regular monthly payments toward future treatment, and have the treatment completed after the payments are received. Unfortunately, we are unable to provide monthly payment plans after treatment is completed.
- **CapitalOne Healthcare Financing:** For treatment over \$750, we offer CapitalOne Healthcare Financing, which allows you the flexibility of applying for several convenient financing plans. Upon completing a short credit application and approval by CapitalOne, you may select 3, 6, or 12 months of *interest free* financing, or 18-60 month plans ranging from 1.9-7.9% depending on credit score. More information may be found at www.capitalonehealthcarefinance.com.

Appointment Changes and Cancellations

Your appointment time is especially reserved for you and we strongly encourage all patients to keep their appointments. We schedule an adequate amount of time to thoroughly and professionally complete your treatment. We routinely attempt to provide you with courtesy reminders of your appointment date and time utilizing postcards, home/work/cell phone numbers, and email. It is your responsibility to arrive on time, and to be prepared with registration forms, x-rays, insurance information, or other required documentation. To provide the most efficient care for all of our patients, we require 36 hours notice if you must change or cancel your appointment. This will allow us to provide our time and skill to another patient in need of care. We reserve the right to charge a cancellation fee of \$25.00 per half-hour of time reserved. Some appointments of increased length may require a deposit at the time of scheduling.

We value your time, and do our best to stay on schedule and limit your waiting, however, complicated procedures and unforeseen emergencies occasionally cause minor delays. We appreciate your understanding and patience.

I hereby authorize New Town Dental, P.A. to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to New Town Dental, P.A. I understand that I am responsible for any unpaid balance.

Signature of patient insured or responsible party

Date