

Chatham Dental Arts: Dental Insurance and Financial Policy

INSURED PATIENTS

We are providing this information to you so you may have a better understanding of our payment policy and how your dental insurance affects both you and us.

Each year dental insurance companies usually make changes in benefits according to the policy you have chosen individually or a plan offered through your employer. We feel it is **IMPORTANT** that you get an updated insurance card and benefit package from your insurance carrier every benefit period. Please review and understand your dental policy before having any service scheduled. If you have any questions regarding your policy, please call your insurance company and have a representative explain your policy to you.

The financial responsibility for dental services lies solely with the patient. Dental insurance is a contract between the patient and the insurance company. Our involvement is only to submit a claim as a courtesy to help our patients. We do our best to assist patients in determining their benefits, but as you may have experienced, all insurance companies have exclusions and limitations which are not always provided to us.

Most insurance companies utilize fee schedules which are determined by their own 'Usual, customary, and Reasonable Rates' (UCR) schedule. The insurance company's UCR schedule details the maximum standard for the industry, but they are not. Several reasons why insurance companies UCR's are misleading are because, they don't reflect what dentist's 'usual and customary' charges are in a given area; they don't adjust their UCR rates. This is why we can only estimate, not guarantee, what portion of your payment may be for your covered procedure. All insurance policies have their own UCR's or fee allowances. Some insurance companies will not provide us a copy of their UCR's or fee allowances. Therefore, any estimated portions of fees for service not covered by insurance, deductibles, co-pays, etc., are expected at the time of service.

As employers and insurance companies impose certain policy limitations such as waiting periods, procedure exclusions and frequencies, contract limitations, fee schedules, age limits, effective dates, etc., we cannot be held responsible for declined or reduced coverage. Any declined or reduced coverage is the patient's responsibility whereas payment in full is required within 15 days of the statement date. We do our best to keep your insurance changes updated at each visit; any claim returned due to wrong insurance information will result in the patient receiving a statement for the balance due in full. In most cases, we have already waited over 45 days for an insurance claim payment. Any insurance claim(s) not paid within 60 days from the filing date, will revert back to the responsibility of the patient. Thus, payment in full will be expected within 14 days of the new statement.

Additionally, recommendations for procedures are made in the best interest of the patient's health and not what is or is not considered necessary or covered by the insurance companies. No insurance company will guarantee payment on any procedure until the work is done and the

claim is submitted. If a patient agrees to a procedure recommended, and the insurance company denies the claim, the patient is responsible in full for the treatment.

UNINSURED PATIENTS

Patients without dental insurance have the added responsibility for payment in full at the time of service. We accept all major credit cards, additionally we also take **CARE CREDIT**, which is an interest free credit card for dental treatment. We will be happy to discuss and help set-up either of these payment options for **PRE-APPROVED** financing **PRIOR** to being seen for services.

PLEASE LET US KNOW IMMEDIATELY if at any time you receive notification from your insurance carrier of changes to your policy. Thanks for being a patient of Chatham Dental Arts. Your oral health is our top priority. We appreciate your business and hope to keep you smiling for years to come!

By my signature below, I attest that I've reviewed the aforementioned policy, and agree to its contents.

Patient/Policy Holder Name (PLEASE PRINT) _____

Signature _____

Date _____



INSURANCE INFORMATION OF THE SUBSCRIBER

Subscriber's First Name	Middle Initial	Last Name	Date of Birth
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Insurance Company's Name	Claims Mailing Address	Insurance Phone Number
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Group Name	Group#	Subscriber's ID Number	Social Security Number
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Cancellation Policy

Office appointments are made in advance by reserving the appropriate amount of time and staff necessary to accommodate the services you require. Prior to your arrival, the staff prepares for your appointment by making all necessary advance preparations for the procedures. This includes prearrangement of instruments, supplies and any other special needs to accommodate your visit. We require 24 hours' notice when canceling an appointment. There is a fee of \$50 for each hour of missed appointment time. Any fee waivers for less than 24 hours' notice of cancellation will be at the discretion of Dr. Tiwana. Additionally, three missed appointments will result in dismissal from the practice.

By signing below, you understand and agree to accept the terms given above.

Patient signature: _____