

DR. TREY'S CHILDREN'S DENTISTRY: FINANCIAL POLICY

Thank you for choosing Dr. Trey's Children's Dentistry. We are committed to offering our patients the best dental care possible.

Once you have made an appointment, that time is reserved for your child(ren) exclusively. We attempt to confirm appointments in advance when possible. However, you are independently responsible for scheduled appointments. **48 HOURS NOTICE** for cancellation or rescheduling is required. We reserve the right to charge for missed appointments without 48 hour notice. ALL minors must be accompanied by a parent or legal guardian. For special arrangements, please contact our office ahead of time. Children **MAY NOT** be left unattended in the lobby. Please plan accordingly. Appointed patients only are allowed in treatment areas.

As a courtesy, we are happy to file your insurance, with proper filing information. In cases where insurance is not filed on your behalf, payment is due on the date of service. Although we verify benefits, all insured patients are advised to familiarize themselves with their policy benefits, as benefit information we receive is limited. We also advise all insured patients to keep track of available benefits throughout the year, as all insurance is limited by an annual maximum.

Payment is due when services are rendered. This includes deductibles, ESTIMATED co-pays, and portions not covered by insurance

Any balance not paid by your insurance after 60 days becomes due upon billing receipt. If your insurance company does not pay what you feel they should, you are still responsible for the entire bill. There is a \$30.00 fee on returned checks. We reserve the right to require "cash only" at any time. Delinquent accounts are subject to a 3% late fee monthly, collection costs including court costs, and attorney fees.

Fees are based on the nature of the treatment. Even with x-rays it may be necessary to perform additional treatment, and exclude or delay treatment. Treatment estimates are effective for a designated period, and subject to change.

We look forward to serving you, and are happy to answer any questions you may have. Thank you!

I have received a copy of the financial policy. I understand and agree to the terms therein. I hereby authorize the release of information to file a claim with my insurance carrier, and assign payment to Dr. Trey's Children's Dentistry. I permit an authorization copy to be used in place of the original.

Parent/Guardian Signature _____ Date _____

Dr. Trey's Children's Dentistry Office Policy Regarding Dental Insurance

If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically, so your insurance company will receive each claim within days of the treatment.

PLEASE UNDERSTAND that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in ***estimating*** your portion of the cost of treatment. We at no time guarantee what your insurance will or will not do with each claim. ***We also cannot be responsible for any errors in filing your insurance, especially when the information you have provided us is inaccurate.*** Once again, we file claims as a courtesy to you.

Fact 1 - NO INSURANCE PAYS 100% OF ALL PROCEDURES

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90%-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage, or the type of contract your employer has set up with the insurance company.

Fact 2 - BENEFITS ARE NOT DETERMINED BY OUR OFFICE

You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable, or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate.

Insurance companies set their own schedules, and each company uses a different set of fees they consider allowable. These allowable fees may vary widely, because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently, this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit.

Unfortunately, insurance companies imply that your dentist is "overcharging", rather than say that they are "underpaying", or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.

Fact 3 - DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED

When estimating dental benefits, deductibles and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as its usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of \$100.00, or \$80.00. Out of a \$150.00 fee they will pay an estimated \$80.00 leaving a remaining portion of \$70.00 (to be paid by the patient). Of course, if the UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less.

MOST IMPORTANTLY, please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment.