FINANCIAL POLICY

Gentle Family Dentistry Carl B. Holm, D.D.S., P.C. (Please read carefully and sign)

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In order to avoid misunderstanding or embarrassment, Gentle Family Dentistry, Carl B. Holm, D.D.S., P.C. provides the following financial policy:

All accounts are due and payable at the time of service unless other arrangements are made at or prior to the time of service. If you have dental insurance, we will estimate your portion of the bill and only that amount is due at the time of service.

Insurance Coverage:

Your insurance is a contract between you and your insurance company. This office is not a party to that contract. For your convenience, we will be happy to submit a claim for your services to your insurance company. Not all services are a covered benefit in all contracts. Insurance is really payment assistance. It is a nice benefit for the premiums you or your employer pay, to have part of your dental services covered or paid for.

We must emphasize that as a dental care provider, our relationship is with you, the patient, NOT with your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Insurance is not a substitute for paying the Doctor.

We contract as preferred providers with some, but not all, insurance companies. It is best if you learn about your own policy and how your insurance carrier will process claims for in and out of network providers. Sometimes the difference in your out-of-pocket portion is significant and sometimes it is not!

Policies within the same insurance company can have very different fee schedules, limitations, and reimbursements. It is impossible for us to know each plan. We will do our best to help you understand the information the company may give us via phone, internet, or fax and then estimate your portion to help you plan financially what your portion will be. This is an Estimate Only and ultimately, you, the patient is responsible for the fees associated with your dental care. If you would like, we can submit a preauthorization to your insurance carrier that may help you better understand your out of pocket expense.

Secondary Claims Processing:

We are happy to file claims to two different companies if you have dual insurance coverage. Some secondary claims are paid in C.O.B. (Coordination of Benefits) fashion, basically paying what the primary insurance company did not, up to the secondary insurance company's fee. This usually leaves the patient very little, if any, personal portion to pay. Some secondary claims are NOT paid this way and the secondary company says "Company A already paid you what we would have" so they only pay the difference if any, up to the secondary company's fee. Therefore, you will have some out-of-pocket expense.

Non-Insured Patients:

Insurance companies often have negotiated discounts off the Providers usual fees. We have decided to keep our fees lower overall, so most of the time the write-off with insurance companies is eliminated and the cash patient pays less too. This keeps the actual fee for the insured and non-insured patient more equal and fair. Due to this decision, we currently do not offer a cash discount.

Past Due Accounts:

Any balance beyond 60 days may accrue an interest charge of 1.5% per month or 18% annually with a minimum of \$5.00 per month. Any balance beyond 90 days may receive 10-day notice and be subject to professional collections if financial arrangements are not made within 30 days or the next billing cycle.

A \$25.00 returned check charge will be added to all returned checks.

We will make every effort to assist you if you make financial arrangements so you can achieve your optimal dental health. Ask us about Care Credit; it may be an option you like!

General Information on Finances:

We recognize that the current economy is difficult for many individuals. Costs of supplies, salary, services seem to go up each year, but we have tried to keep dentistry more affordable by not passing all those increases on these last few years.

There is much talk and much to be seen about national healthcare. There will likely be more changes in insurance and healthcare in the near future. We strive to take excellent care of each of our patients and hope you have a good dental experience in our office!

I have read the above and fully understand the policies of this office. I have been given the opportunity to ask questions and have these points clarified. I agree to abide by the financial policy as stated above.

NAME:	DATE:
Signature:	Relationship to patient:
	