

## FINANCIAL POLICY

**1. Payment is due at the time services are provided.**

Our office accepts cash, checks, and credit card payments. We accept Care Credit (we only participate in their 6 months same as cash option.) **Future appointments will not be scheduled until your account is current.**

**2.** Our office will file most insurances. Please note we are only a participating provider with the following insurance companies BCBS of TN, Delta Dental, Metlife, Aetna, Sunlife Financial formerly known as Assurant, Ameritas, Cigna (not DHMO and not in our Athens location).

**We recommend that you contact your insurance prior to your child's visit to verify coverage if you only wish to see a preferred provider.**

**3.** Our office does make an effort to obtain insurance benefit information; however, we are not able to determine all details of every policy. **It is your responsibility to familiarize yourself with your personal policy; you may contact your insurance to find out specifics concerning coverage, insurance fee schedule and frequency limitations.** If your policy requires preauthorization or has benefits limitations, we need to be informed by you before treatment is rendered.

**4.** As a courtesy, we will file your primary insurance claim one time. You are ultimately responsible for the full amount charged for treatment; if insurance has not responded and paid claims within 90 days of service it is your responsibility to clear the account. Insurance failure to pay does not release you from your responsibility to pay.

**5.** All incurred charges are ultimately the responsibility of the patient, regardless of insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, and not with your insurance company. Your insurance plan is a contract between you, your employer and the insurance company. Our office is not a party to that contract or any possible restrictions.

**6. Each 6-month cleaning visit will include an exam, cleaning, and fluoride so that we may provide consistent and quality dental care for your child. We will take bitewing xrays one time a year unless your child has a history of decay between the teeth.** Children with braces may be on a 3 or 4 month cleaning schedule. In these cases your child will not receive an exam every visit; they will have an exam two times a year, a cleaning and fluoride every visit. Please contact your insurance if you have questions concerning yearly frequency limitations (ex. Some insurance companies only pay for fluoride once yearly). Please be advised if your insurance covers yearly cleanings, they will only pay at what they consider reasonable charges, meaning our fees maybe higher than what your insurance will pay. You will be responsible for any charges above what your insurance pays, and your balance will be due by the due date as stated on your invoice.

**7.** If operative treatment is required, we will provide you with a treatment estimate. Our **estimate of your co-pay, deductible and co-insurance is just that-- an estimate.** It is not a guarantee of coverage or payment from your insurance; you understand you will receive a bill for any remaining balance deemed your responsibility once insurance processes the claim.

**8.** If your check is returned to us as insufficient funds, you may be charged a service fee.

**9. Patient balances not resolved in a timely manner will be sent to an outside collection agency at the patient's expense.** If your account is turned over for collection you are responsible for all collection fees, attorney fees, court costs, and all other costs of the collection.

**10. We will not get involved with divorce decree arrangements.** Both parents are responsible for a minor child's bill and both parents will be held accountable. **Full payment is due from the person bringing the child at the time services are rendered.**

**11.** A consent form must be signed and on file if anyone other than the legal guardian will be bringing the child to their appointments. Please contact our office for payment estimation and send payment with the person bringing your child for service or in advance over the phone.

**12.** If a refund is due to you after insurance has paid, please contact our office to request the refund. We will not issue a refund until all claims for the account have been paid. Refunds are issued by our accountant every other week, so please allow 2 to 3 weeks to receive a refund check.

**13.** A **\$50.00 charge** will be incurred for missed appointments and appointments cancelled without **twenty-four hour advance notice**. Families with an unreasonable number of failed appointments can result in dismissal from the practice.

I, the undersigned, have read the above policies and understand they apply to **every** patient at Pediatric Dentistry and Orthodontics of Chattanooga.

Signature of Responsible Party

Date