

Oneida Dental Group

308 Main Street
Oneida, New York 13421
(315) 363-4850

OFFICE FINANCIAL POLICY & YOUR DENTAL BENEFITS

- We would like our patients to be informed of our financial policy. We are committed to providing you with the best possible care. In order to achieve this, we need your assistance and your understanding of our financial policy.
- Payments for services are due at the time services are rendered. We accept cash, personal checks, Master Card, Visa, Amex and Discover. We are now also able to offer special interest free payment arrangements for charges over \$300 through **CARECREDIT**. Please ask for information if you are interested in this option. Returned checks and balances older than 60 days will be subject to additional collections fees and finance charges at the rate of 12% annually.
- When necessary we do require deposits in the amount of 10% of the total appointment cost to reserve specific appointment times. Although there are certain circumstances that merit the requirement of a deposit, we may at any time request that a deposit be made to schedule an appointment.
- Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notification. Appointments in this office are scheduled specifically for each individual patient. When a patient cancels on short notice or misses their appointment, that time often cannot be filled with another patient and is subsequently unproductive. This is done to help eliminate wait times for the patient and to increase our ability to offer personalized, high quality care.
- If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. The fees we charge for services rendered to those who are insured are our usual and customary fees charged to **all** patients for similar services.

Following is a statement of our policies governing insurance claims.

1. Although we are willing to complete insurance claim forms and submit them on your behalf, we do not accept responsibility, under any circumstance, for the outcome of the transaction. Completing insurance forms is a courtesy we extend to our patients in an effort to maximize their likelihood of obtaining insurance reimbursement. By having our office process insurance forms, the patient agrees to accept liability for those forms. Alternatively, a patient may fill out his or her own insurance forms and bill the insurance directly.
2. We require our patients to sign an "Authorization to Pay the Doctor" form (or any other necessary assignment documents required by your insurance company). By doing so, most insurance companies will make payment directly to our office. There

are, however, a few insurance carriers that, despite the assignment of benefits to our office, refuse to send the benefit check to us. In these cases, payment for services will be due at the time of service and we will gladly submit your insurance claim for your reimbursement.

3. The patient will pay the co-payment (the estimated amount not covered by the insurance company) at the time services are rendered.
4. Insurance payments ordinarily are received within 30 to 60 days from the time of billing. If the patient's insurance company has not made payment to our office within 60 days, we require the patient to pay the balance due and then seek reimbursement from the insurance company. However, it must be clearly understood that the "contract" is between the patient and the insurance company, the account thereby being the responsibility of the patient for any amount not paid by the insurance company.
5. Our office cannot guarantee that the patient's insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason, the patient's insurance claim is denied, the patient is responsible for the full amount of the bill.
6. Although our office will not enter into a "dispute" with an insurance company over any claim, we will work with the insurance company to sort out any confusion which might arise. We will cooperate fully with the regulations and requests of the insurance companies. It will be, however, the responsibility of the patient to handle any type of dispute with the insurance company.

IF YOU UNDERSTAND AND AGREE TO THIS POLICY, PLEASE SIGN BELOW.

Signature of Patient/Responsible Party

Date

Print Name