



Dayton Comprehensive Dentistry

Office Policy – Financial Agreement

We are committed to deliver comprehensive dental care to our patients, using state-of-the art technology and the highest quality materials available today. We always recommend treatment based upon individual needs, not based on insurance coverage, which may be inadequate with some dental plans. We believe dental insurance is a benefit used to assist the patient, not dictate necessary treatment. **This agreement is to inform our patients of the financial policies currently in effect for Dayton Comprehensive Dentistry.**

Dental Insurance

- Knowledge of covered benefits as well as amounts, limitations, exclusions, waiting periods, etc. are exclusively the patient's responsibility.
- Our office will provide all necessary documentation to support recommended treatment plans, in order to prove rationale and reasons for medical necessity.
- Completing insurance forms for our patients is a courtesy offered to help facilitate timely payment from insurance companies. This process does not eliminate patient's financial obligation. We are happy to help submit dental claims on behalf of our patients, but we do not accept responsibility for the outcome of the transaction.
- **Assignments of benefits from insurance companies are accepted by our office, but the terms of the agreement regarding dental benefits are between the insured, the employer, and the insurer (insurance company). *Although we may estimate insurance benefits, we are not responsible for their accuracy.***
- Not all dental services provided in our office represent covered benefits, ***therefore payment for treatment cannot be guaranteed.*** If a claim is denied, full payment becomes the patient's responsibility. Accepting our service indicates the patient's acceptance of such responsibility.
- **Our practice will not enter into a dispute with any insurance company over claims. Once complete documentation is submitted to the insurance carrier, it is the responsibility of the insured to resolve any type of dispute over payments to be rendered to our office.**
- **Insurance payments are typically received within 30-60 business days from the time of billing. All charges not paid by an insurance company become the patient's responsibility regardless of reason for nonpayment.**

Payment for treatment rendered

- **All charges incurred for any treatment provided in our office are the patient's responsibility regardless of insurance coverage.**
- The co-payment is the **ESTIMATED** portion of the cost of the treatment not honored by the dental insurance.
- Timely payment of the financial responsibility helps maintain administrative cost and dental fees low.
- As we work with our patients to deliver optimal oral and dental health, we ask that the estimated co-payment for treatment be paid at time of service.
- Our practice accepts cash, personal check, MasterCard, Visa, Discover, and American Express.
- The estimated co-payment may be adjusted after completion of treatment, depending upon the final reconciliation of insurance payments.



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Payment Plan

- We understand temporary financial problems which may affect timely payment of balances. In those situations, we encourage you to immediately reach out to our office so we may discuss available alternatives in managing your account.
- We are pleased to offer Care Credit, a financial company which helps devise individual payment plans. This allows completion of dental work without delay and helps fulfill financial responsibility in monthly installments. Applications may be submitted in the office or online at www.carecredit.com.

Overdue balances

- Accounts with unpaid balances past 90 days are submitted to a collection agency.
- Cost incurred in debt collections include: additional interest of 21% on the unpaid balance from the last date of services, attorney fees, court fees and any other fees associated with debt collections.
- Above referenced expenses are the patient's responsibility.

Dental records

- Copy of your dental records or radiographs will be provided upon written request, for a nominal fee.

Cancellations and rescheduling dental appointments

- Prior notice of 24-business hours is required to cancel and reschedule existing appointments.
- A \$57 charge will be added to the patient's account for missed appointments or rescheduled less than 24 hours out. \$100 fee will apply for scheduled services totaling more than \$500.
- **ALL SATURDAY APPOINTMENTS NOT CANCELED AT LEAST 24 HOURS IN ADVANCE WILL INCUR A \$100.00 CANCELTION FEE REGARDLESS OF THE REASON.**
- **DCD Springboro does reserve the right to cancel any appointment that has not be confirmed by the patient at least 24 hours in advance.**

Please read and initial below

___ I understand it is my responsibility to know the terms of my dental insurance.

___ I read the above stipulations and agree to pay Dayton Compressive Dentistry in full without regard to insurance coverage, whether I sign as a responsible party or as a patient.

___ I agree to pay collection fees as stated above should these means of collections become required.

___ I am providing this office with complete and accurate billing information.

___ I will pay all co-pays and outstanding patient balances as they become due.

Patient name (print)

Patient/Guardian signature

Date