

## Ross & Fredrickson, D.D.S. Office and Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Office and Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our office forms before seeing the dentist.

### Patients Without Insurance:

Full payment is due at the time of service. We accept cash, check, most major credit cards and CareCredit.

### Regarding Insurance:

**We are not contracted with Medicaid or Medicare supplemental dental insurance, therefore, we cannot file dental services to these agencies.**

We will electronically file dental insurance claims on behalf of our patients and accept assignment of benefits if a copy of your insurance card and all required information is provided. We have posted the insurance companies we are contracted as "In-Network" with at the reception desk. If a particular company is not listed, please ask the receptionist for more information. We collect the *estimated* portion of your balance at the time of service, and bill the allowable difference if insurance does not pay all of their estimated portion. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under your dental plan. We will gladly file a pre-determination, for any service you would like us to, in order to know what your insurance will pay towards the purposed treatment. Most companies will respond to a pre-determination within 3 weeks. We are not responsible for knowing what each insurance company does or does not cover.

### Minor Patients:

The adult accompanying a minor and the parents (or guardian) is responsible for payment of treatment rendered at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, accepted credit card, or payment by cash/check at time of service has been verified. In divorce situations, we will file insurance if the proper information is provided, otherwise, the custodial parent is responsible for payment of the account.

### Collections:

We send monthly statements to our patients for any outstanding balances. Patients may view and pay accounts securely online at [www.patientconnect365.com](http://www.patientconnect365.com) or request a copy of their account be mailed to the address provided. For treatment over \$1000.00, our office allows two installments to be paid to satisfy the balance, with the first installment due at the time of service. For treatment under \$1000.00, full payment is due at time of service. If an extended payment plan is needed, we do participate in CareCredit. Accounts which are left unpaid beyond a 90 day period are subject to be turned over to a collection agency for further action. Please note, when signing this information sheet, you give us the consent to use automated or predictive dialers to contact you on all numbers provided, including cell phones, concerning any unpaid or remaining balance on your account. This will also include any outside collection agency if your account is assigned to collections for delinquent or past due accounts.

### Missed Appointments:

Unless canceled at least 24 hours in advance, our policy is to charge for the first missed appointment at the rate of a normal office visit. If more than one appointment is broken, we will not be able to schedule any future appointments for you with our office. Please help us serve you better by keeping your scheduled appointments.

Thank you for understanding our Office and Financial Policy. Please let us know if you have questions or concerns.

I have read and agree to the Office and Financial Policy.

X\_\_\_\_\_ (Signature of Patient or Responsible Party) DATE: \_\_\_\_\_