

NEIL DENTAL GROUP~FACTS YOU SHOULD KNOW ABOUT DENTAL INSURANCE AND OTHER OFFICE/FINANCIAL POLICIES

*Payment in full at time of service and/or your *estimated* portion if insurance benefits are accepted (first visit if multiple visits need for same procedure). Should you opt for Care Credit or other such payment plan it is your responsibility to know and understand their contract. NDG has nothing to do with the insurance, financial pay plan, employee benefits or your own institutions contracts.

*Your dental insurance is based upon a contract made between you and/or your employer and the insurance company. Should questions arise regarding what your particular insurance policy covers/covered or did not cover, it is best for you to contact your employer and/or insurance company directly. Knowing and understanding your benefits is your responsibility.

*Dental insurance benefits differ greatly from health insurance. In 1971, your dental insurance benefits were approximately \$1,000 per year. Some 3 decades later, you will notice that your benefits are still in that range +/- (\$1000-2000). Figuring a 6% rate of inflation per year, you should be receiving \$45,000 in dental benefits. Your premiums have increased, but your benefits have not. Therefore, dental insurance is NEVER a pay-all, free; it is only an aid to pay.

*You may receive notification from your insurance company stating that dental fees are "higher than usual and customary". An insurance company surveys a geographic area, calculates an average fee, takes 80% of that fee and considers it customary. Included in this survey are the discounted dental clinics and managed care facilities which bring down the average. Doctors in private practices will have fees that the insurance companies define as "higher than usual and customary". Often treatment is downgraded or not a covered benefit. All treatment not covered by your insurance is due within 30 of the EOB receive, documented and a statement sent to you.

*Many plans tell their participants that they will be covered "up to 80% or up to 100%", but do not clearly specify plan fee schedule allowances, annual maximums or limitation clauses. It is more realistic to expect dental insurance to cover 35% to 55% of major services. Remember, the amount a plan pays is determined by how much the employer paid for the plan. You get back only what your employer puts in, less the profit of the insurance company.

*Insurance companies do NOT cover many routine dental services and/or have frequency limitations. These limitation and/or non-covered benefits are your financial responsibility and the knowledge thereof.

*Due to the thousands of individually written contracts designed for you and/or your company we base our estimation on the information provided by you and your insurance company. We strive to provide you with the most accurate estimate of benefits when presenting financials. However, often there are fine printed exclusions that may cause you to pay more once insurance has been billed and paid by the insurance company.

*Your estimated portion is due at time of service, if the treatment requires more than one appt it is due at the initial appt. If you opt sedation, payment and all consents are due one week in advance.

*All treatment, outstanding balances, and unpaid claims must be paid within 30 days of treatment (often emg needs) and/or accepted benefit assignment. (Remembering payment is due in full at the time of service unless we accept assignment of benefits.)

*We do not file secondary insurance and/or medical claims. However, we will assist you by giving you a copy of your procedures and primary insurance payment, if any.

*Remember, accepting assignment is an aid to assist you financially with your treatment. We are not an insurance driven practice; therefore, treatment discussed is of need or desire between you and the doctor. If the dental practice decides not to process your claim, payment is due prior to and/or at time of service which ever agreed upon between you and the practice.

This is a consent to move forward with mutually discussed treatment and financials.

I have read and understand my insurance benefits. I understand that I am quoted an estimate of my portion due at the time of service and may have a credit or owe a balance after submission of my treatment to the insurance company. I understand that the dental fees are my sole responsibility and the balance will be paid in full including outstanding insurance portion within 45 days. If in the event that the dental practice needs to report my insurance company to the insurance commissioner I consent.

*Financials must be paid as according to the treatment plan payment terms of agreement, 1.5% per month may be added to your balanced owed, and in event of default to the reasonable collection charges, court cost, and attorney fees. Insufficient funds will place an added charge to the account of \$50 or the amount charged by bank + processing fees.

Please do not hesitate to ask any questions regarding our office policies. We will assist you with minor insurance questions about your policy but the knowledge of your insurance coverage lies solely upon you. Therefore, please see your insurance manual, HR department and/or contact your insurance company for a better understanding of the insurance benefits. By signing below indicates that you understand and agree with Neil dental office terms and policies.

DATE

SIGNATURE OF PARENT/GUARDIAN/SELF