

Financial Responsibility Policy

As a result of the many different and confusing insurance company reimbursement policies, it is necessary to have an easily understood financial responsibility policy.

- It is important for you to provide the office with complete insurance information for all carriers with whom you are insured at the time of service. At each office visit we need you to show us your insurance card to insure that your current insurance information is on file.
- As a service to our patients, we will submit your insurance claim to your primary insurance company. Our office will provide the insurance company with all the information necessary to help you receive maximum benefit from your insurance company. However, it is the patient's responsibility to know the insurance coverage and benefits limit of their particular policy.
- If a claim is denied, we will research why the rejection occurred and either resubmit to insurance or bill you the appropriate balance. If the claim is denied a second time, the appropriate balance immediately becomes the responsibility of the patient and should be paid to us directly. You may contact your insurance company for reimbursement.
- If the patient has coverage with a second insurance company, we will submit all secondary claims directly to that insurance company along with a copy of the explanation of benefits from the primary insurance. Benefits from the secondary coverage will be paid directly to the patient.
- Insurance is a patient's benefit designed to assist the patient in their financial obligation to Downtown Dental Studio. The patient is the one receiving the dental service and therefore is ultimately responsible for all charges on the account regardless of any insurance coverage. This applies to everyone in the family who is treated at Downtown Dental Studio.
- The office will collect the patient's deductible and the estimated copay at the time of service. After the primary insurance payment is received, the patient will be billed for any difference between the anticipated insurance payment and the actual insurance payment. If the insurance payment is greater than the estimation, we will either refund the amount to the patient or leave the credit balance on the patients account to be applied toward future treatment.
- In the event that the patient does not have insurance coverage, charges for services are due and payable at the time services are rendered, unless a signed financial agreement has been approved. Statement balance over 30 days is subject to **\$25.00** late charge.

I have read and understand the above-mentioned policy:

Signature of Patient/Guardian

Date

Print your name here