



# Smiles N Braces

## FAMILY DENTISTRY and ORTHODONTICS

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### Insurance and Financial Policy

At **Smiles N Braces** we believe that you deserve the best care. We are committed to always presenting you with the best dental solution possible to treat your personal situation. We expect to provide outstanding dental care to all of our valued patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know:

- Your dental benefits are based upon a contract made between your employer and an insurance company. **If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. They are only meant to assist you.**
- We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your exact insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. This does delay treatment but will give you the exact out of pocket figures you may require.
- Many people receive notification from their insurance company that dental fees are "above usual and customary." An insurance company determines their reimbursement level by surveying a geographical area, calculating the average fee, and then determines that 80% of the average fee is customary. Included in this survey are discounted dental clinics and managed care facilities, which have severely reduced dental fees that bring down the average. **Any doctor in private practice will have fees that insurance companies define as "higher than usual and customary."**
- We bill your insurance as a courtesy. If insurance does not pay within 90 days, **Smiles N Braces** reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between you and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.
- **Smiles N Braces** does require payment in full for your portion at the time of service. We accept MasterCard, Visa, American Express, Discover, cash, and checks (for existing patients with established payment history). We **do not accept** checks for over \$500.00 for any patient. If you are in need of an extended finance option, we also work with Care Credit, they offer a six-month "same as cash" or longer terms with an interest bearing revolving

charge designed to meet your treatment plan needs on approved credit. Just ask one of the patient services staff for an application.

**Broken Appointments:** A specific amount of time is reserved especially for your treatment and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at **least 24 hour** notice, a **\$35/hour cancellation fee** may be assessed if prior notice is not given. (Emergencies are an exception).

**After Hours/Weekend Emergencies:** In the event of an emergency after regular business hours a **\$50 emergency fee** will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged **\$125 after-hours emergency fee**.

We welcome you to our family and look forward to helping you get the healthy, beautiful teeth you've always wanted. If there is anything we can do to make your visits here more pleasant, please don't hesitate to ask one of our staff members.

**Print Patient Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Notice of Privacy Practices Acknowledgement:**

I understand that, under the Health Insurance Portability & Accountability Act of 1998 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received the Notice of Privacy Practices at **Smiles N Braces** containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

**Print Patient Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_