

# FEES, BILLING, AND INSURANCE

A fee is charged for dental services performed. All fees are payable at the time of treatment.

If you have dental insurance, we may be able to submit your services for you and accept assignment of benefits. We do not bill all insurance plans-our business office staff can help determine if we can bill your insurance plan or not.

Remember, your dental insurance plan is a contract between your insurance company, your employer, and you. You are responsible for all fees regardless of insurance coverage.

Understanding your insurance coverage can be challenging. We care for patients with insurance benefits from many different companies. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy benefits, deductibles, coinsurance, and exclusions.

Our courtesy service to you includes:

1. Filing your insurance claim within 48 hours of your visit and requesting payment to our office.
2. Helping to advise you of potential benefits-we cannot guarantee any information stated by your plan.
3. Re-filing your claim a second time within 30 days.

Our expectation of you as the owner of your insurance policy:

1. Payment of fees not covered by your insurance at the time service is rendered.
2. Understanding that the insurance policy belongs to you.
3. Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules, and exclude some procedures based on prior conditions or length of time on the plan.
4. Taking responsibility for payment if the insurance plan does not pay our office within 45 days.

Additional charges:

1. Unpaid balances over 45 days will be assessed finance charges of 1.5% interest monthly, 18% APR, with a minimum charge of \$2.00 per month on outstanding balances.
2. Missed or broken appointments will incur a \$50.00 charge (per person) if not cancelled within a reasonable period of time prior to your scheduled appointment.
3. \$35.00 charge for any check returned by the bank.
4. Dental records duplication charges for forwarding records or radiographs to another dentist, or for patient's own use.

Thank you for your cooperation. Please have your insurance card ready for us to copy.

I hereby authorize Dr. McInnes (Dynamic Dentistry) to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Dynamic Dentistry. I understand I am responsible for any unpaid balance.

\_\_\_\_\_ Date \_\_\_\_\_

*Signature of Patient/Insured or Parent of Minor*