

FINANCIAL POLICY



We accept the following forms of payment: Visa, MasterCard, Cash, or Check (\$50 fee for any returned checks). Payment is due in full at the time when services are rendered. The parent/legal guardian is responsible for payment of all patient accounts. All statements will be sent to this individual. We will not bill a third party. We will be happy to file your insurance claim and accept benefit of payments from your insurance company.

Our relationship is with you! It is important to understand that we don't work for an insurance company; we work completely for our patients. Dental insurance can be a wonderful benefit for many families, and we want you to know we will work to insure you get the benefits allotted in your insurance contract. Please realize, however, that we have no relationship with any insurance company. We are not signed up with any insurance plans. We are not on any insurance lists. We have no control over your plan, which procedures the insurance company will cover, or how much they cover for a specific procedure. We have a relationship only with you the patient. Your insurance company has a relationship with you and a responsibility to you, but not to us. **The treatment recommended for your child will be based on what is best for your child's dental health – not on what your insurance may or may not cover.**

Most insurance companies will pay only a portion of the fee for service. You will be responsible for the full balance that the insurance company does not pay. As a courtesy, we will accept your complete insurance form, file the insurance for you and accept payment from your insurance company under the following conditions only:

- We require payment in full from the legal guardian for the estimated portion which the insurance company will not cover at the time services are rendered. Please be prepared to pay any deductible, co-pay, or other expense at time of service.
- When we receive payment from the insurance company, we will compare what they paid to what we estimated and adjust your balance accordingly. You may still have a small balance, or you may get a small credit.
- Insurers vary widely in what services they will pay for and how much they will pay. Determining how much your insurer will reimburse for a procedure is best accomplished by you calling your insurer and asking them.
- We can accept payment from an insurance carrier only when they directly assign benefit payments to our office. Some plans will send payments directly to you. In these cases, we require payment in full for all services rendered at time of service.
- You are responsible for keeping us updated with any changes in your insurance policy.
- We will file a predetermination for recommended treatment when it is requested by you.
- If your insurance company requires a referral, you are responsible for obtaining it.
- It is the parent's responsibility to ensure the insurance company makes prompt payment. If your insurance company does not make payment to us within 45 days after service is provided, balance is due and payable in full immediately by the parent/legal guardian.
- If a balance remains after insurance payments have been received, we will send one statement at no charge. If more than one statement is sent, a charge of 1.5% per month (18% APR) will be added to each notice. Minimum charge of \$8.00. If we communicate with you using certified mail the current fee for each account is \$12.00.
- If your account balance becomes 120 days past due, we will take necessary steps to collect this debt. In the event of default payment, guardian shall pay any legal interest on the balance due, together with any collection costs. Reasonable attorney fees incurred to effect collection of the account or future outstanding accounts will be the responsibility of the legal guardian.

About "UCR": Insurance companies sometimes state that reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR"). This can be misleading, especially as insurance companies imply your dentist is "overcharging" rather than say that they are "underpaying". Insurance companies set their own fees and each uses a different set of fees they consider allowable. These fees may vary widely as each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR fee. Frequently this data can be old and these "allowable" fees are set by the insurance company such that the insurer can be quite profitable. Often a less expensive policy will use a lower, usual, customary, or reasonable (UCR) figure.

If you cancel or miss your appointment without giving 48 hours notice, there will be a \$75 fee added to your next appointment.

If your account balance becomes 120 days past due, we will take necessary steps to collect this debt. In the event of default payment, guardian shall pay any legal interest on the balance due, together with any collection costs. Collection fees will equal 50% of the amount turned over for collection. Reasonable attorney fees incurred to effect collection of the account or future outstanding accounts will be the responsibility of the legal guardian.

I have read, understand, and agree to the financial policies of Kitfox Pediatric Dentistry.

Parent/Legal Guardian Name (Printed)

Parent/Legal Guardian Signature

Date

