



Financial Policy

The primary goal of Bechtel Dentistry is to provide the highest quality oral health care in the most gentle, efficient and enthusiastic manner. Since our practice is also a business with obligations that must be met, we ask that all patients pay for their treatment, in full, on the day of each visit to our office; unless prior arrangements have been made.

We will do our best to provide an estimate of your investment in your dental health for each upcoming visit based on your individual treatment plan. We will also provide you with an estimate for your next upcoming visit(s) total bill. Please bring cash, check, or credit card at the time of treatment. With proper diagnosis and a timely treatment plan, most estimates are accurate; although an exact payment from your insurance cannot be known until the claim is processed.

Outstanding balances on your account are discouraged and must be cleared before the next appointment or within 30 days of treatment, whichever comes first. Appointments for non-emergency treatment may need to be postponed pending payment of outstanding balances. Amounts due and not paid in full within 30 days will be charged interest at a rate of 1.5% per month in addition to a \$5.00 monthly billing fee per statement sent.

Delinquent balances over 90 days past due will be referred to an asset recovery agency. All referred accounts are marked "Inactive." In order to have your account reactivated and continue to receive treatment in our office, the delinquent balance must be paid in full to our office plus any fees associated with the collection of the delinquent account.

All returned checks will be charged an additional fee of \$25.00; this fee will be added to your account balance. Before we accept another payment by check, the account balance plus the \$25.00 fee must be paid in full by cash or credit card before another check will be accepted.

Your dental appointments are scheduled carefully. Time, trained personnel and dental equipment are reserved for each patient and procedure. Missed appointments add to the cost of dental care when reserved facilities are left empty and not used. We respectfully request 48 hours advance notice for rescheduling your appointment. Your account may be charged a broken appointment fee of \$100.00 for missed or broken appointments without proper notification.

You will need to bring your insurance card, coverage booklet, and a completed and signed dental insurance claim at your first visit, and at any time your insurance changes.

You need to be aware that:

- We will do our best to help you maximize your benefits.
- Although we file claims for you, your dental insurance policy is a contract between you, your employer, and your insurance company.
- Your treatment plan is individually tailored, and is not based on your dental insurance benefits or lack of benefits.
- Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. It is your responsibility to thoroughly understand the coverage and exceptions of your particular policy. Coverage can only be addressed by your employer or group plan administrator. We cannot act as a mediator with the carrier or your employer.
- Our staff is trained to assist you with questions you may have relating to how your claim was filed, or regarding any additional information your carrier may need to process your claim.
- As a courtesy to all of our insured patients, we will file your dental insurance claim forms on your behalf. Most insurance companies will send the payment directly to our office; however, in special circumstances, a particular insurance company's benefit check may be sent to the patient's home. In such cases you are responsible at the time of treatment for payment in full; unless prior arrangements have been made.
- Your claim will be filed with your insurance company immediately and benefits are expected to be paid within 30 days. The filing of an insurance claim does not relieve you of a timely payment on your account. If the claim is not paid by your insurance company within 45 days, the unpaid portion will automatically become a "self pay" portion and added to your account with a statement for payment issued. You are responsible for any amounts your insurance company chooses not to pay for whatever reason. Any amounts expected to be paid by your insurance company, but not paid within 45 days become your responsibility, and if not paid in a timely fashion will begin to accumulate interest at a rate of 1.5% per month with a billing fee of \$5.00 per monthly statement.

I understand and accept the financial and dental insurance policies listed above and have had any and all questions answered to my satisfaction. I agree to pay for all treatment in a timely fashion as described so as to avoid any additional fees.

I further understand that I am responsible to pay for any deductible amount(s), my co-insurance portion and for any non-covered services. I understand that I am responsible for any and all charges of dental treatment and incurred fees, whether or not paid by said insurance company. I agree to pay such charges in full. Also, I hereby authorize release of pertinent medical/dental information to the insurance carrier(s). This order will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as the original.

Patient/Parent of Minor: _____ Staff Initials: _____ Date _____