

Payment/Financial Policy

Thank you for choosing our office for your child's dental treatment. We are committed to their successful treatment! Please understand that payment of your bill is considered a part of your child's treatment. Please familiarize yourself with the information that follows. If you have any questions, please feel free to ask one of our business office staff.

- ◆ Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.
- ◆ A copy of the current dental insurance card must be provided (including the insured's name, group number, ID number, mailing address for claims, etc). If you do not have a dental card, a current completed dental insurance form is needed.
- ◆ Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is the patient's responsibility to keep MINSTER DENTAL CARE informed of changes in current insurance information including address and/or phone number and change in ID numbers. This will ensure all insurance claim filing and statements can be kept to a minimum.
- ◆ We expect payment of fees not covered by the insurance plan at the time the service is delivered including, but not limited to, deductible, co-pays, and non-covered services. It is expected that you understand that the insurance policy belongs to you and that we have no leverage to obtain payment from your insurance carrier. The insured realizes that the insurance payment for some services, use restricted fee scheduled (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the policy purchased, not our fees or recommended treatment.
- ◆ Please understand that financial arrangements are made directly with you. If alternative arrangements need to be made in order for your child to receive treatment do not hesitate to ask what options are available prior to the start of treatment. For the convenience of our patients, the following options are a guide for possible financial arrangements:
 1. **Payment in full** for each appointment as services are rendered. Minster Dental Care requires that all outstanding balances be paid in full within sixty (60) days of the date service or insurance carrier payment, *unless other arrangements have been made in advance. We reserve the right to apply an interest rate of 2% per month from the date of service.* If you have not paid in full or arranged and honored a payment plan within sixty (60) days, we may/will refer your account to a collection agency. They, in turn, will report your past due status to a Credit Reporting Agency. Any fees incurred by Minster Dental Care for Attorney or Court cost will be your responsibility. **To prevent this**, contact our office at any time to discuss alternative payment. We understand circumstances can change unexpectedly and are willing to work with you to settle your account.

2. **Dental Insurance:** There is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. As such, we have no say in the selection of your insurance company; we have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. We will submit a precertification to your insurance after diagnosis to help ensure more accurate insurance benefits for your plan.
3. **Appliances/Orthodontics:** The cost of the appliance must be paid on the day your child's impressions are taken. This is necessary because our office must pay the lab bills when appliances are ordered, not when they are completed. If the appliance is part of orthodontic treatment, a payment plan can be arranged as needed, depending on the length and extent of treatment.
4. **Emergency treatment:** Patient will be billed for treatment rendered, and is asked to pay in full if possible at time services are rendered. Due to the unexpected nature of emergencies, payment plans can be arranged if needed.
5. **Payment Plans:** For orthodontic treatment and special circumstances we can arrange a payment plan. Depending on the extent of treatment and possible lab costs, a down payment may be required at the start of treatment. We do not charge interest or fees for payment plans. The only requirement is that minimum payment be made at the first of each month. If two subsequent payments are missed without notifying Minster Dental Care, we may/will refer your account to a collection agency.

Our courtesy service to you includes:

1. Filing your insurance within 24 hours of your visit and requesting payment of your benefit to our office.
2. Electronic filing of insurance claims when available.
3. Re-filing your original insurance a second time within 60 days of initial filing, if necessary - a charge will be assessed if multiple filings are required.
4. Following the American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as owner of the policy:

1. Payment of fees not covered by the insurance plan at the time the service is delivered. (i.e deductible, co-pays, non-covered services)
2. Understand that the insurance policy belongs to you and that we have no leverage to obtain payment from your insurance carrier.
3. Realize that the insurance payment for some services, use restricted fee scheduled (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the policy purchased, not our fees or recommended treatment.
4. Taking responsibility for payment if the insurance company does not pay our office within 75 days.
5. *Keep our office informed* of any changes in your insurance carrier and/or employment.

I have read the payment policy as written and have had all questions answered to my satisfaction and understand that by signing, I am financially accountable for all charges for my minor child. Thank you in advance for your understanding of our financial policy!

Parent/Legal Guardian

Date

Witness

Date