



Financial Policy

Understanding the insurance process can be overwhelming and confusing. We strive to alleviate this by having a clear financial policy for you. Please understand, we care for patients who are covered by a multitude of different insurance plans. Each policy covers different services and treatments. We cannot possibly keep track of every insurance policy although we strive to help you become familiar with your own policy. We encourage you to read through and familiarize yourself with your policy. All insurance policies pay on their own established fees. Most pay a percentage of these fees. Our fees may be a small amount lower or higher than their fees. Insurance companies will not tell us prices over the phone, therefore we can only estimate what they will cover. We ask that our patients understand that they are responsible for any balance that the insurance company does not cover. If there is a difference, we will send you a statement at the end of the month.

As A Courtesy To You, We Provide The Following Insurance Services:

- 1) Researching your dental plan coverage in order to inform you of estimated benefits available to you.
- 2) Following the American Dental Association guidelines for coding procedures and filing insurance claims.
- 3) Filing a claim with your insurance company within 24 hours of your visit and requesting a payment of your benefit to our office.
- 4) Electronically filing your insurance claim when possible to help facilitate a timely payment.
- 5) Re-submitting you insurance claim a second time if payment has not been received within 60 days.

Our Expectation of You As The Owner Of The Dental Insurance Policy:

- 1) Payment of fees that are estimated not covered by your insurance plan at the time the service is rendered.
- 2) Understand, we have no leverage to obtain payment from your insurance carrier.
- 3) Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules (called Usual and Customary) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for the insurance policy, **NOT ON OUR FEES OR OUR RECOMMENDED TREATMENT.**
- 4) Taking responsibility for payment if the insurance company does not pay our office within 75 days.
- 5) Keeping our office informed of any changes in your insurance coverage or employment

Thank you for your cooperation and understanding regarding your dental insurance coverage. Please sign below and provide us with a copy of your insurance card. In order to keep our costs lower than the average in the area, we rely on our patients paying at the time of service. We have a number of options available, such as cash, checks, and VISA/MasterCard. Financing is available with approved credit (see Financial Manager for details).

General Office Policies

Appointments:

We strive to keep our patients' "waiting time" to a minimum, as we recognize that your time is valuable. Therefore, we are able to see our patients on an appointment basis only (with the exception of emergencies). We consider an appointment made to be an agreement and commitment between our office and our patients, and we rely on our patients to abide by that agreement. If you are late to your appointment, we reserve the right to change treatment services to be rendered at our discretion due to time constraints or reschedule your appointment. 15 minutes past your appointment time is considered a No Show. More than one No Show could result in the requirement of prepayment for services before an appointment can be scheduled.

We will always work with you to the best of our abilities, to furnish you with appointment times that you feel will work best for you.

As we do operate on a schedule, we request a minimum of 48 hours notice, if at all possible, on any cancellation of appointments so as to allow us to schedule another patient who might be in need of care. Without a 24-hour notice, a cancellation charge may be applied. If we can not confirm your appointment we reserve the right to cancel or reschedule at our discretion.

Emergencies:

As emergencies do arise, we ask your patience if there is a delay during your appointment time due to a patient in need of immediate care. We will try to inform you of any changes necessary ahead of time, if at all possible.

If you have an emergency, please call the office right away and we will do everything possible to get you in at the earliest opportunity. If we are out of the office or it is after office hours, we have an answering machine with instructions on how to reach our doctor.

Cancellation Policy

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, Hometown Dental reserves the right to charge a fee of \$50.00 for all missed appointments resulting from "No Shows" (not showing to an appointment and without notice) and \$25.00 for less than 24-hour advance notice. Consideration for extenuating circumstances may be considered.

"No Show" and cancellation fees will be billed to the patient. This fee is not covered by insurance and must be paid before additional appointments will be scheduled. Multiple last minute cancellations in any 12-month period may result in termination from our practice regardless of reason.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.

HIPAA Acknowledgement

I understand that I may inspect or copy the protected health information described by this authorization.

I understand that at any time, this authorization may be revoked, when the office that receives this authorization receives a written revocation, although that revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed. I understand that my health care and the payment for my healthcare will not be affected if I refuse to sign this form.

I understand that information used or disclosed, pursuant to this authorization, could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality,