

Brier Creek Pediatric Dentistry

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FINANCIAL POLICIES – PEDIATRIC DENTISTRY

Patient Name _____

PAYMENT TERMS

In our practice, our foremost concern is patient care. We strongly believe that financial considerations should not be an obstacle to obtaining dental services necessary to restoring and/or preserving good oral health. We are sensitive to the fact that our patients have different needs in fulfilling their financial obligations, and we are happy to provide flexible payment options wherever possible to facilitate treatment. We accept payments using cash, cashier's checks, money orders, or Visa/MasterCard debit or credit cards. Personal checks from persons holding North Carolina driver's licenses may be accepted, but these are processed through an electronic system similar to a debit card transaction. Personal checks cannot be accepted from financial institutions who do not participate in this electronic network. If your check cannot be processed electronically, either due to system incompatibility or lack of account funds, you must provide an alternative form of payment.

Any fees quoted to you in advance of the visit are only an estimate; actual fees incurred will be determined at the conclusion of each visit. Account balances delinquent over 30 days are subject to a \$35.00 finance charge per month. Checks returned for insufficient funds will be assessed a \$25.00 service charge plus any other applicable fees assessed to us by our financial institution.

FINANCIAL OBLIGATIONS RELATED TO INSURANCE

We file insurance claims as a courtesy. While we do our best to verify coverage for all services rendered, you, as the policyholder, are ultimately responsible for understanding the benefits and limitations of your coverage. Most insurance companies have strict limitations related to the timing and frequency of covered procedures, so we encourage you to educate yourself as much as possible on this subject. You are responsible for all services not covered by your insurance, including but not limited to co-payments, deductibles, and non-covered services. In instances where non-covered services are rendered, you are responsible to pay 100% of these charges at the time services are rendered. We are considered out-of-network for all insurance companies. **FOR CLARIFICATION: YOUR INSURANCE POLICY IS AN AGREEMENT BETWEEN YOU AND YOUR CARRIER, NOT WITH OUR OFFICE. WE WILL FILE YOUR INSURANCE AS A COURTESY. THEREFORE ANY SERVICES RENDERED THAT ARE NOT COVERED BY YOUR POLICY ARE ULTIMATELY YOUR RESPONSIBILITY.**

Self-Pay – If you do not have dental insurance, or if you choose to file claims for treatment yourself, you must pay 100% of the charges at the time services are rendered.

State-Sponsored Insurance Programs – We accept assignment of benefits from Medicaid and North Carolina Health Choice (NCHC). For most appointments, patients with Medicaid insurance will have no out-of-pocket costs except when non-covered services are rendered (i.e., sedation medications, behavior management services, and items such as ToothPrints, water test kits, and disclosing solution). Patients with NCHC will be responsible for applicable co-pays at the time of the appointment. Should ancillary services such as the ones noted above be required, patients with NCHC will also be responsible for these out-of-pocket expenses. For example, NCHC does not cover the cost of nitrous oxide (laughing gas). NCHC patients undergoing procedures that require nitrous oxide must pay this fee at the time of the appointment.

Private Insurance Programs – We accept assignment of benefits from most major dental insurance carriers, but we require patients with private insurance to pay \$25 on the day of service regardless of how we anticipate the insurance company to reimburse the claim. Once the claim is filed, it generally takes six to eight weeks for us to receive reimbursement. Depending upon your plan's coverage, you may be entitled to a refund after the claim is paid. Reimbursements to patients are paid out on the 15th and 30th of each month (NO EXCEPTIONS).

If the patient's insurance has changed, you must notify us at least 3 business days prior to the appointment, so that appropriate verification of coverage can take place. If you do not provide this notification, you must pay in full for the dental services provided at the appointment.

Responsible Party – Please note that whichever parent accompanies the patient to their appointment and signs the financial agreement will be considered the responsible party for the patient's account.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read, understand, and agree to adhere to the practice's Financial Policies as outlined above.

Responsible Party Signature _____

Date _____