

OFFICE FINANCIAL POLICY

Payment in full is expected at the time services are rendered unless you provide proof of coverage by a dental insurance policy, in which case estimated deductibles and co-payments are due at the time services are rendered. Payment can be made by means of cash, check, Visa, MasterCard, American Express or Discover. During any appointment in which treatment is found to be needed, we will provide you with a written treatment plan that specifies recommended procedures, fees, and estimated insurance coverage, if applicable. Before making an appointment, it is important that you are familiar with why treatment is needed, what treatment is needed, when treatment should be done, how many appointments will be necessary, and the fees for the treatments. If you are ever unclear about any of these matters, we will be glad to further explain them to you.

Read this if you are covered by a dental insurance policy:

- Many dental practices do not give their patients any guidance in regards to their insurance and require patients pay at the time of service, and, to then wait for payment to go to the patient. However, we will be glad to assist you to a reasonable extent in helping you understand your coverage. We also will have insurance checks sent here in order to reduce your out-of-pocket costs. Be aware that you also need to be very familiar with the basic stipulations of your insurance policy. We are good at giving patients what most people would consider to be an adequate estimate of insurance coverage on most treatment plans, but you should not expect us to know every detail of your policy. *We are not the insurance company!*
- Kerr & Gavric Dentistry does not participate in any HMO type insurance plans. If you are covered by such a plan, you must receive treatment at offices mandated by your policy in order to be eligible for benefits. Kerr & Gavric Dentistry is contracted with Delta Premier, Dental Health Alliance, United Healthcare PPO, Cigna PPO, and Aetna PPO dental plans. However, most other PPO plans will allow you freedom to choose any dentist you like, although your out-of-pocket expenses may be somewhat higher. We hope that you find our practice to be worth it due to the caliber of our staff and the continuity of Kerr & Gavric Dentistry, which has been in the area since 1982. PPO and HMO clinics commonly have a high turn-over of dentists which can be impersonal and disruptive to your dental care.
- In order to give you a close estimate of insurance benefits, we routinely contact insurance companies via phone or internet and we subscribe to a software service that provides information on thousands of dental policies. It is crucial that you inform us if you switch coverage to a different policy. If you want an exact estimate, you must request that we file a "predetermination of benefits" with your insurance provider.
- *We will file all claims for you, but you must pay all deductibles and co-payments at the time services are rendered, not after we receive insurance payments. You will be billed for any remaining balance after insurance payments are posted and payment is due upon receipt of the statement.*
- Dental insurance policies typically do not cover 100% of treatment and some policies are based on more realistic fees than other policies. The quality of policies is quite variable. If you think that your coverage is poor, please do not complain to us. That is a matter between your employer and the insurance company and it is dependent on many factors over which we have no control. Unfortunately, dental policies have not kept pace with inflation. The typical policy will pay a maximum of \$1000 in benefits per year which is the same amount that most policies covered 30 years ago!
- You are fortunate if you have insurance, but it must be thought of as an adjunct to your care and not as the primary determinant of the course and timing of your treatment. Dental health is important for your appearance, comfort, confidence, and overall well-being; and proper attention will give long-lasting benefits.

I have read the above financial policy and I agree to keep my account current as stipulated in this policy.

Patient Name (Print)

Patient/Responsible Party Signature

Date