



## Financial Policy

The following information is provided to avoid any misunderstanding or disagreement concerning payment for our professional services.

Prompt payment allows us to control costs. Outstanding accounts cost both of us time and money; therefore, all patients will be required to establish financial arrangements for payment of their account.

We are providers for ONLY the following insurance companies; Delta Dental, United Concordia, MetLife, Healthy Montana Kids, Healthy Montana Kids Plus, Medicaid. All other insurance companies including supplemental insurance will be billed and the patient will be responsible for the amount not paid by the insurance company.

Healthy Montana Kids/Healthy Montana Kids Plus/Medicaid does not pay for any of the following procedures Cone Beam Scan (CT) D0383, Nitrous Oxide D9230, Socket Gel D9910 and additional IV Medications D9610/D9612. If you still decide to have the procedure done a waiver will be signed and those charges will be due in full at the time of service by you. Any non-covered charges will also be billed to you.

Medicare does not pay for any dental services. We will not bill Medicare for any dental services.

Cone Beam Scan (CT Scan) is not a covered benefit of most insurance plans. We will bill your insurance for this service. Any denied or balance left after insurance will be due in full by you. Self-pay patients will be responsible for the balance in full.

**We are a specialty office and require payment in full for your initial visit and x-ray. For any following appointments payment in full will be required for patients without insurance coverage. United Concordia patients will be required to pay 30% to 40% based on the sponsors pay grade. Patients with any other type of insurance will pay 30% at the time of service. This is an ESTIMATE ONLY, you will be responsible for any balance after insurance has paid. Insurance companies will not guarantee benefits until the claim is submitted. There could be a balance of more than the initial copay made on the day of service. If you want to know what your insurance will pay you will be required to have a consult first and then we will submit a preauthorization to your insurance. This can take 4 to 6 weeks to process with your insurance. After that is received we will then schedule for the surgery.**

It should be mentioned that your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your claim and insure your carrier remits payment. If a problem occurs with your claim, you will be required to establish financial arrangements with our practice until your insurance problem is resolved.

Each month you will receive a monthly statement for services which is due and payable within 30 days. If your payment is late, or if you have not previously made financial arrangements, then please contact

our office. If you are experiencing a set of circumstances out of your control, please contact our office and we will be happy to make special arrangements. Interest will accrue at 10% annual rate on the 31<sup>st</sup> day.

**All patients not sending payment within 90 days of notice without financial arrangements will force us to submit the account to our credit collection service.**

**There will be a service fee of \$30.00 for any checks returned to our office unpaid.**

Our practice firmly believes that a good doctor/patient relationship is based on understanding and open communications. Please contact our office to clarify any misunderstandings you have concerning your balance. We hope to possibly avoid any disagreement over payment for our professional services. If you have any questions concerning your account or our financial policy please contact us immediately.

By signing this financial policy you agree and accept the terms.

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Patient, Parent or Legal Guardian

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Date