

**HAGERSTOWN FAMILY DENTISTRY
INSURANCE AND FINANCIAL POLICY**

At Hagerstown Family Dentistry, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year, we provide outstanding dental care to hundreds of patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know.

Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.

We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service.) This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change, therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your exact insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. This does delay treatment but will give you the exact out of pocket figures you may require.

Many people receive notification from their insurance company that dental fees are "above usual and customary." An insurance company determines their reimbursement level by surveying a geographical area, calculating the average fee and then determines that 80% of the average fee is customary. Included in this survey are discounted dental clinics and managed care facilities, which have severely reduced dental fees that bring down the average. Any doctor in private practice will have fees that insurance companies define as "higher than usual and customary."

We bill your insurance as a courtesy. If insurance does not pay within 90 days, Hagerstown Family Dentistry reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between **YOU** and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

Hagerstown Family Dentistry does require payment in full for your portion at the time of service. WE accept MasterCard, VISA, American Express, Discover, cash, and checks. If you are in need of an extended finance option, we also work with Care Credit, who offers a six month "same as cash" or longer term with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit. Just ask one of the patient services staff for an application.

Broken Appointments: A specific amount of time is reserved especially for your and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$35 cancellation fee. (emergencies are an exception)

Patients under the age of 18: Any patient under the age of 18 must be accompanied by a parent or guardian who will be responsible for payment at the time of service. This office is not bound by any divorce decree or other family relationship contracts.

Duplication of Dental Records: A fee may be charged for these requests.

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant, please don't hesitate to ask one of our staff members.

Collection / Bankruptcy: If your account becomes delinquent, and sent to any outside agency or attorney for collection, you will be responsible for all costs, including agency fees, attorney fees, interest, court costs and any other related expenses. This practice reserves the right to discontinue the dentist/patient relationship. In the event of default in payment, I agree that reasonable collection agency fees equal to forty (40%) percent of the delinquent balance and reasonable attorney fees shall be added to the amount due on the account, plus any applicable court costs.

Sign: _____ Date: _____