

FINANCIAL POLICY

**Dr. A. Reddy**

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***Please initialize each paragraph.***

**INSURANCE:** As a courtesy to all our patients we will verify your dental insurance benefits, but you are responsible to know your Plan Coverage; exclusions and limitations. Furthermore, you should be aware of non-covered benefits such as missing teeth, specific exams, prophylaxis, fluoride, x-rays etc. The estimated amount not covered by your insurance is due at the time of treatment. Payment may be paid by Cash, Visa, MasterCard, or Debit. To help you accept an extensive treatment plan, we are offering payments plans on extensive treatments, based on good credit only. All estimates are subject to final approval by your dental insurance plan; therefore the amount due is subject to change after final explanation of benefits have been paid. \_\_\_\_ (Initialize)

**INITIAL PAYMENT FOR DENTAL TREATMENT:** Most plans are covered for routine clinical exam and cleaning; and no deductible is due for diagnostic or preventative treatment unless otherwise stated. There are some plans with co-insurance payments for x-rays and dental exams. Deductible for basic and/or major services customarily include fillings, crowns, extractions, root canal therapy, and periodontal treatment.

- Deductibles are usually \$50 - \$100 per individual or \$200 per family annually.
- 10%-20% co-payment for all basic services
- For any build-up & crown procedure, most plans do not allow separate benefits for crown build-up. In such a case the patient is responsible for the full cost of a build up.
- The lab fee is an additional cost. It can also be offered to you as an optional for restorations requiring specific materials or advanced techniques (Bruxism appliances (Night Guards), Veneers, all porcelain crowns, porcelain margins, etc.) You will be advised on any additional lab cost prior to the start of treatment.

**RESIN- BASED COMPOSITE RESTORATIONS (FILLINGS):** Most dental insurance plans **DO NOT** allow full benefits for composites (white fillings) performed on posterior teeth (back molars). The plan benefit will customarily pay for less expensive treatment, such as AMALGAM (silver/ mercury based restoration). For the best of our patients, we recommend and we place *only* composite-based ("white") fillings. The difference is usually \$50 -\$70 per filling and the patient is responsible for the difference in cost. Please ask our front desk or doctor if you need more information about composite-based "white" fillings. \_\_\_\_ (Initialize)

**PULP-CAP TREATMENT (Medication to protect pulp chamber):** Most dental plans do not allow additional benefits for pulp- cap treatment (this procedure is in which the filling is very deep and the nearly exposed pulp is covered with a protective medication to help the healing and repair via formation of secondary dentin). The cost of this treatment is \$20-\$53 per tooth (Depending on your insurance benefits, and you will be charged a contracted fee between us as a provider and the insurance.) \_\_\_\_ (Initialize)

**FINANCIAL CHARGES:** All returned cheques are subject to a \$25 fee. All balances over 60 days are subject to interest in amount of 1.5% per month. We reserve the right to apply \$20 re-billing fee and \$25 late charge toward overdue financial agreements. We have the option to report your balance with us to any credit reporting bureau. \_\_\_\_ (Initialize)

**PAST DUE ACCOUNTS:** In the event that your account is turned over to a Collection Agency or attorney, you agree to pay all fees including and not limited to attorney fees, court fees, and collection agency fees.

**MISSED APPOINTMENT FEE:** Please note that there is a missed appointment fee of \$35/ half hour for all missed appointments not given at least 24 hours (business hours) in advance. Please give us a call in advance if you need to reschedule or cancel your appointment. \_\_\_\_ (Initialize)

**TRANSFERRING RECORDS:** You will need to request in writing if you would like us to mail, fax, email, etc your dental records with Dr. A Reddy. We need at least 8 working hours in advance to prepare your record to be transferred; however, we need at least 3 business days, if your record is more than 2 years old and is stored in a company's archive. The cost of duplicated/ printed x-rays is \$5, a single PA x-ray is \$15, bite-wings are \$25, and for a full mouth of x-rays and Panoramic file will be \$25. There are no fees charged for emailed x-rays. The fee is waived if we are referring you to a specialist. \_\_\_\_ (Initialize)

This is an agreement between Dr. A. Reddy, as a provider of professional services and creditor with the Patient, Debtor named on this form. By reading and signing this Agreement, you are agreeing and accepting this policy in full.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; ALL MY QUESTIONS WERE ANSWERED TO MY SATISFACTION; I UNDERSTAND AND AGREE TO ALL POLICIES OF KING STREET DENTAL CENTER.**

**PRINT NAME:** \_\_\_\_\_ (Patient, Subscriber, if minor – GUARDIAN)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_