

Gentle Family Dentistry Office Financial Policy

This policy lays out guidelines for Payment, insurance, billing, and collections.

Payment

1) We expect payment in full at time of service unless some other financial arrangement is made between patient and the doctor prior to the initiation of treatment and is signed by the patient.

2) If patient has insurance coverage the patient has 2 different options in proceeding with treatment.

- 1) If patient desires to proceed with treatment before they receive their insurance companies estimate of benefits they will provide payment in full at time of service and we will have the insurance check sent directly to them.
- 2) If patient desires to wait until they receive their estimate of benefits then they will be responsible for their portion at time of service so long as the insurance check comes directly to the office. NO appointment is made until the pre-estimate is back from the insurance company and patient is aware of their portion and financials have been finalized.
- 3) If the insurance company will only send check to the patient then regardless of insurance estimate the patient will be responsible for the full amount of treatment at the time of service.

Insurance

- 1) As a courtesy to our patients we submit their primary insurance claim to their insurance company. It is the patient's responsibility to bring in any and all correspondence with regards to additional information required for proper claims submission. We will be glad to provide any information needed to the patient in the advent that their insurance doesn't pay what they stated on the estimate of benefits. It is however the patient's responsibility to carry out any and all discussions with their insurance company pertaining to outstanding claims or discrepancies in payment. The insurance contract is between the patient and their company.
- 2) If the patient has secondary insurance we will provide the necessary forms and information for claim submission but it is the patients responsibility to submit the claim. The payment from the secondary insurance will go directly to the patient.

Billing/Collections

- 1.** Patient's with an outstanding balance should receive monthly billing statements. This includes patients with only insurance pending as the bill is their responsibility if insurance doesn't pay or if insurance takes over 30 days.
- 2.** After 30 days the bill is to be paid in full by the patient. Any outstanding insurance payment they were waiting for can be sent directly to them from the insurance company.
- 3.** At 60 days the patient's statement will inform them of their outstanding balance and if not paid immediately they may be sent to a collections attorney.
- 4.** At 90 days the patient will receive a letter stating that their account will be forwarded to a collections attorney in 7 days from date of letter if payment not received. If no payment in 7 days the account is turned over to Burr and Reid or current collections attorney. All further appointments will be cancelled and they will receive final letter stating we are terminating the doctor patient relationship.