

PERIODONTAL ASSOCIATES

FINANCIAL POLICY

Periodontics and Oral Implantology

We at Periodontal Associates are proud to be a part of a team whose primary mission is to deliver the finest and most comprehensive Periodontal and Implant treatment available. To assist you with your health care investment we are providing the following payment guidelines:

- A. New patients will be given a written treatment estimate of the charges at the initial consultation. On the day of treatment, patients with insurance are required to pay their estimated portion of the fee. Patients without insurance are required to pay in full at the time of service.
- B. Patients who carry insurance should remember that services are rendered and charged to the patient, not the insurance company. We will be happy to file the insurance claim for you, but please understand this is not a guarantee of payment by your insurance company.
- C. A pre-authorization for proposed treatment can be obtained from your insurance company. This will give you a better idea of what aspect of your care that they will cover. Their response typically takes 3-6 weeks. We will notify you of their response.
- D. If your insurance does not pay the balance of your account within 45 days, it will be your responsibility to pay the outstanding amount.
- E. A statement will be sent to you for any balance owed after the insurance payment is received. Delinquent accounts will be referred to a collection agency.
- F. Payment options include Cash (this includes checks and money orders), Bank Cards (Visa, Mastercard, Discover, and American Express), and Care Credit. The financing application can be filled out on line at www.carecredit.com.

All post operative visits for surgical services are performed at no charge for 1 year. After 1 year visits will be charged as an annual examination and any radiographs required will be billed for accordingly. Any cleanings performed before or after surgical services will be billed for as a cleaning.

In an effort to keep costs down we ask that you give us a 1 week notice for a surgical cancellation or reschedule appointment time. A late cancellation fee for a surgical appointment will result in 5% of the total charge for that surgery. For hygiene appointments 1 week or more notice is requested for a cancellation, reschedule or a no show for the cleaning appointment will result in a \$50 charge. Your appointment time has been scheduled exclusively for you.

Assignment and release: We feel your privacy is very important and we will do everything possible to protect your privacy, including adhering to our posted office HIPAA policy. Your signature authorizes required clinical information to be released to process billing for services rendered. Insurance benefits will be paid directly to Periodontal Associates. I understand that I am financially responsible for non-covered services. I understand that refusal to sign this financial policy or the privacy policy acknowledgement will result in payment in full at the time of service (we are unable to bill insurance companies without these documents signed).

I hereby acknowledge and agree to the above mentioned office policies.

Signature of Patient or Guardian _____ Date _____