



Richey Family Dentistry

Tyler J. Richey DDS.

Phone: (812) 232-7424

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3315 S 7th Street
Terre Haute, IN 47802

Financial Policy

Please read this policy carefully. Payment is expected at the time of service. Our Accounts representatives are available Monday through Friday from 8:30 AM to 4:30 PM to discuss financial arrangements. For your convenience, we accept MasterCard, Visa, Discover, and AmEx.

Please call 812-232-7424

Dr. Tyler Richey contracts with patients for the dental care; any arrangements made by the patient with attorneys, insurance companies, or other third party payers will not be considered in the collection of your account.

Charges for Professional Services- Every professional service associated expense rendered will be charged to the patient according to a fee schedule prospectively determined by the clinic. Contractual discount to third parties prospectively agreed to by the clinic will be honored in good faith. No fee or charge can be reduced without permission of only the administrator, billing manager, or his or her designee. An estimate of these fees can be requested prospectively.

Missed appointment fee- We kindly ask you give 24 hours advance notice if you are unable to keep your scheduled appointment. First missed appointment: patient will be notified and reminded of the policy agreement. Second missed appointment patient will be charged \$35.00. This charge is not covered by insurance. Third missed appointment patient will be dismissed from our practice.

Insurance- Dental insurance is primarily a contract between the patient and the insurance company; however, Dr. Tyler Richey also has mutually agreed contractual obligations with certain private and government entities. The patient is primarily responsible for holding the insurance company accountable for claims reimbursement. Dr. Richey will make available substantial resources to facilitate insurance payment and will dedicate resources towards contractual obligation with these entities.

Payment- Payment for services rendered is due on the date of service. Dr. Tyler Richey reserves the right to request payment of the total negotiated fee on the date due unless directed otherwise by contract.

All co-payments will be collected at the time of service. All past-due balances or balances in collection must be paid prior to being seen.

Non-urgent professional services may be delayed or terminated within the guidelines of good dental practice for bad faith patient or non-compliance with this financial policy. Only administrator, billing manager, or their designated representative can amend this policy.

Over

Down – Payment for Non – Urgent Procedures – Patient will be responsible for paying any deductible, coinsurance, and co-pays prior to receiving a non – urgent services. Benefits will be verified prior to scheduling and patient will be notified via telephone and mail of financial obligations. Down payment must be received prior to appointment. Failure to pay required down-payment may result in cancellation of appointment.

Patient Referrals and Out of Network – If patient is enrolled with an insurance carrier with network benefits, patient is entitled to full benefits of said plan when certain guidelines are followed. Patient will be responsible for charges incurred when choosing to go out of the designated managed care network.

Collection Agencies – Dr. Tyler J. Richey will use all reasonable means to collect owed funds. Defaults in payment of agreed amounts will be referred to a collection agency for payment. Patient will be responsible for collection agency fees of 40% attorney fee and court costs incurred while account is in collection.

Non – Sufficient Funds (NSF) – Dr. Tyler Richey will charge a \$25.00 fee for all checks returned by the bank for non – sufficient funds.

Medicaid Patients – Dr. Tyler J. Richey is a participating provider and accepts Medicaid, MDWise, AnthemBCBS, and MHS assignment of benefits. Medicaid, MDWise, AnthemBCBS, and MHS patients will be responsible for spenddowns , co-pays ,or non covered charges when applicable. By signing this policy, the Medicaid, MDWise, AnthemBCBS, and MHS recipient requests payment of authorized Medicaid, MDWise, AnthemBCBS, and MHS benefits be made on patient's behalf for any services furnished by Dr. Tyler Richey.

Secondary Insurance Authorization – As a patient of Dr. Tyler J. Richey authorizes our office to process all dental claims. A copy of this authorization may be used in place of the original.

Patient or Responsible Party

Date

Witness

Patient's Name