

BILLING/FINANCIAL & OFFICE POLICIES ... for Barth Family Dentistry, PSC

TREATMENT: The type of treatment you receive from Barth Family Dentistry, PSC is based upon our professional dental judgment, and **NOT** on whether the procedure is covered by your dental insurance benefit plan!!!!

DENTAL INSURANCE: Our office is happy to file claims with your dental insurance carrier. However, since the **terms of your coverage is contract between YOU & YOUR INSURANCE CARRIER**, questions, problems, or disputes about your insurance coverage need to be addressed directly to your insurance company. For all non-dental insurance claims, patients must pay in full upfront and will be reimbursed by their non-dental insurance, such as but not limited to Medical, Worker's Compensation, Legal Suits, etc. It is the patient's responsibility to confirm with your dental insurance company that Barth Family Dentistry/Dr. Charity A. Barth-Omosivwe is an "in-network" or "out-of-network" provider prior to being seen and the patient is responsible for all charges not covered by their insurance policy.

It is YOUR (the patient's) responsibility to know what your insurance coverage and limitations regardless if your insurance coverage is "In or Out of network", which includes examinations, x-rays and treatment of any kind. Payment of your co-pay, deductible, estimated amount not covered by your dental insurance is due at the time services are rendered. Any amount not covered by your insurance or denial of coverage for any reason by your insurance coverage, or patient refusal to return to this office within 30 days to complete a procedure previously started, such as (but not limited to) laboratory procedures, becomes the patient's responsibility and payment is due immediately with no grace period. Barth Family Dentistry reserves the right to ask for and expect payment in full with no grace period at any time, even prior to submitting dental claims to the patient's dental insurance.

Disputes With your Insurance Company: If you have a dispute with your insurance company (Dental or other) over coverage, that dispute must be resolved between you and your insurance company. The amount owed to Barth Family Dentistry during the duration of your dispute is your responsibility and payment is due immediately in full, with no grace period.

Dental Pre-Authorizations: Pre-Authorizations for treatment are submitted in writing **upon patient request**. Pre-authorizations must be sent with up-to-date diagnostic X-rays, along with all necessary insurance, personal, dental, and/or medical information. If you don't wait for your pre-authorization response before beginning treatment, you are still responsible for any amount not covered by your insurance for any examinations, x-rays and/or treatment. We recommend that you get your pre-authorization response back prior to starting treatment.

Laboratory Cases: The day any laboratory procedure (such as but not limited to Dentures, Partial, Crowns, etc) is started, your estimated portion is due in full. If insurance denies or covers less than the estimated portion you will be billed for the remaining costs and payment is due immediately with no grace period.

Change of Personal Information: It is your responsibility to notify us, in writing, of any changes in your address, phone number, employment information, school status, insurance coverage and etc. so that you may maximize your insurance benefit. Monthly statements are mailed out as a courtesy.

Family Balance: All balances must be paid in full in order to proceed with future treatment. An 18% (eighteen percent) annual rate service charge will be applied with the minimum amount of \$20.00 every month on all late balances. This \$20 late fee is applied to all late payments and/or payments short of full balance due, of which there is no grace period, at 30, 60, 90 and 120 days past due. Guarantors (the patient or guardians) are responsible for any and all (but not limited to) collection agency recovery fees, attorney fees and/or legal fees, court costs, interest on delinquent accounts, as well as the time the doctor and/or staff spends working on (but not limited to) filing paperwork, appear for court, mediation/proceedings and/or legal meetings and/or frivolous legal charges. The time, the doctor and/or staff spend on the above issues are \$500.00 an hour. These fees must be paid in full prior to returning to this practice for future treatment. There is a \$60.00 charge on all returned checks (per check) and an \$80.00 charge to file with the county attorney, per check. At 120 days past due your account may be turned over to our collection agency, court and/or attorney. All of the above stated responsibilities of the patient are due immediately without a grace period. If Barth Family Dentistry is notified as being included in any bankruptcy files, that patient and immediate family members will be dismissed as patients of Barth Family Dentistry for failure to meet patient financial obligations to Barth Family Dentistry.

Financing: Barth Family Dentistry does not offer in house payment plans.

Missed or Late for Appointments: If you must cancel an appointment, please notify us 24 hours in advance. There will be a charge equal to the amount of a periodic exam for a missed appointments or canceling less than 24 hours of your appointment, unless written proof of an emergency is provided. If missed or late for appointments becomes a habit, Barth Family Dentistry, reserves the right to dismiss you as a patient of the practice. All patients must physically check in at our front desk at least 20 minutes prior to their scheduled appointment in order to update paperwork and address any issues that you may or may not be unaware of. Arrival less than 15 minutes prior to your scheduled appointment is considered "Late" and your appointment will most likely be rescheduled and you may be charged a "No Show" fee. "Reminder Calls" for your scheduled appointment is strictly a courtesy. It is your (the patient/guardian's) responsibility to keep and be "on-time" for your scheduled appointments. "On- Time" means physically checking in at our front desk, at least 20 minutes prior to your scheduled appointment.

Medicaid Patients: By law, "No Show" fees will not apply to Medicaid patients but after 3 "No Show" or "Late appointments" we reserve the right to dismiss you as a patient from Barth Family Dentistry. Any procedure not covered by Medicaid must be paid in full prior to the start of that procedure!

Nitrous Oxide/Oxygen: Nitrous Oxide is usually not covered by insurance. It is the guarantor's responsibility to pay for nitrous regardless if nitrous oxide is deemed necessary by the doctor or if requested by the patient to ease anxiety during dental procedures.

Copies of Dental Records: Kentucky State law mandates that the patient or designated representative is entitled to 1 (one) free copy of his/her dental records at no charge. Each additional copy of chart records are \$25.00 each copy and \$10.00 for certified mailing.

Patient Forms: There is a \$25 fee to fill out Family Medical Leave, Disability, Legal Documents and Etc Paperwork.

By my signature below, I certify that I have read, understand, accept and agree with as well as agree to adhere to all of the above mentioned policies & understand all of my responsibilities set forth as stated above.

Print: Full Name of Patient or Legal Guardian

Signature: of Patient or Legal Guardian

Date

Witness: _____

Date: _____

(Updated Sept. 20, 2017)