

## NOTICE OF FINANCIAL POLICIES

Our fees reflect the value of our professional services. These "Usual, Customary, & Reasonable" (UCR) fees are set in light of comparisons with national, state, and local UCR fees for the type of specialized, high quality-care and personal services which our patients demand and are accustomed to. We structure our treatment plan options with your best benefit in mind, and base our recommendations on options which would lead you to your best health. To make the financing of your care possible, we provide numerous payment options and will assist you with the selection of choices which may best fit your comfort and needs. Our Patient Advocates (PA's) are here to help you with this process. We feel that having a clear understanding of your rights and responsibilities, including those related to financing of your selected treatment plan, is a part of your informed consent. We encourage you to consider your options, and to let us know if you have any questions or concerns. We can help you!

### PAYMENTS

**1. Fee-for-Service-**This is the traditional method of direct payment of UCR fees in return for services rendered to patients. There is no third-party payor involvement in this situation. Payment for such services must be rendered at the same time of the service. As an adult patient (18+ years or older), you will be responsible for payment of all fees expected in return for professional services that were provided to you. In cases of patient being a minor, or an individual with legal guardians, then the patient's parent(s) or legal guardian(s) will assume the responsibility of payment for treatment and services based on our UCR fees.

**2. Dental Benefits/Dental Insurance-**Your dental benefits plan is a part of your employment benefits package, and its terms are negotiated between your employer and a third-party payor of their choice. Our practice does not regulate the terms of your benefits plan, nor do we have any direct access to its real-time status. Your dental benefits are designed to encourage preventive services, and to assist you with possible payment of a defined portion of your dental healthcare costs- often with certain rules and limitations. Since you will be responsible for payment of all fees not paid for by your insurance company, we strongly encourage you to contact your agent or employer for a complete and up-to-date explanation of your benefits, including its rules and limitations.

We will help you with submission of the necessary paperwork and explanation of our provided services so that you would not have to do this extra paperwork on your own for our reimbursement. We will also do our best, whenever possible, to extract as much information about your benefits from your insurance company as possible. However, since insurance companies may not be able to provide us real-time information on the status of your benefits at any given point in time, your personal out of pocket payment of fees for our rendered services may need to be adjusted from your estimated patient portion quote to reflect the updated facts about the state of your actual benefits at the time of service. If you have dual coverage (covered by two plans), then we will do our best to minimize your personal out of pocket costs whenever and as much as possible. Keep in mind that as an adult patient (or parent/legal guardian of a patient), ultimately you will be personally responsible for payment and consolidation of any non-reimbursable or unpaid portions of fees for our rendered professional services.

Our commitment is to uphold the quality of our treatment and services every time and for every patient- regardless of the type and method of payment or financing you come to choose. Although we do accept reimbursement through a number of contracted dental insurance companies and plans to help you with financing of your care, we do not limit our care and services only to patients who are "in-network" based on contracted insurance agreements. We can coordinate your care with most insurance companies-

whether you are "in-network" or not- to bring your out of pocket share of costs to as low as we possibly can. However, the amount of reimbursement for our rendered services may differ based on your insurance plan's policies on coverage, restrictions, limitations, and rules. Your insurance company may pay for all, a portion, or none of the fees at all. Payment of all non-reimbursed fees by any insurance company or plan or third-party payor will ultimately become your financial responsibility (regardless of our "in-network" or "out-of-network" provider position).

**3. Payment Options-** for your convenience, we accept the following methods of payment:

- Cash/Check-Receive a 5% accounting courtesy by paying in full at the time of service. For services requiring more than one appointment, to receive the 5% accounting courtesy, the entire treatment must be paid in advance at the first visit.
- Credit Card- Receive a 3% accounting courtesy by paying in full at the time of service. We accept these major credit cards to allow you the most convenience in taking care of your account: VISA & MasterCard
- CareCredit-The CareCredit healthcare credit card is accepted at over 200,000 locations nationwide and is designed to help you finance your health, beauty and wellness needs. With CareCredit, you can pay for treatments and procedures for you and your family right away and then make convenient monthly payments with no interest if the purchase is paid in full within the promotional periods (3 to 12 months, depending on the amount financed). Option will be based on credit qualification.

**GENERAL PAYMENT POLICIES**

- Payment is due at the time of service. Payment of your "deductible" and your "estimated patient portion" is due at the time of service. Your insurance plan will likely not cover 100% of the cost of your care. You will be held responsible for payment and consolidation of any and all non-reimbursed balances on your account.
- We extend a 5% discount courtesy to our senior citizens (65 years and older) [May be combined with our other payment promotions]
- Your "estimated patient portion" quote for your planned or rendered treatment and services is the anticipated cost of your treatment and care. However, unforeseen conditions such as in-treatment discovery of unexpected conditions and complications requiring additional diagnostic efforts or treatment, or limitations and restrictions placed by your dental insurance company's policies- among others- will affect the actual cost of your treatment and care. Although we aim to make this "estimate" as close to your actual out-of-pocket cost as possible, compounding factors will not allow us to ever make this "estimate" into a figure which may be honored as an exact quote for the total cost of your treatment. When we get more updated information about your treatment needs, or are further advised about restrictions and limitations by your insurance carrier, we may need to make corrections and adjustments to your "estimated patient portion" quote. If the adjustment leads to an increase in your patient portion payment, then you will be responsible for any such unforeseen addition as an increase in your out-of-pocket cost. On the other hand, if we discover overpayment (either by you or your dental insurance company), then we owe you money and will reimburse you for the overpaid amount.
- If you have "dual-coverage" we will assist you with options to minimize your out of pocket cost, but there is no guarantee of payment from your secondary dental insurance company. You will be responsible for payment of fees not reimbursed by either your primary or secondary insurance carrier companies.

- Past-Due Accounts/Returned Checks: We will apply a 3% finance charge to all balances over 30 days old. Past due accounts are subject to collection proceedings. In the event that full payment is not made on open account balances after a reasonable period of time, our attorney will be advised and formal action to collect will be initiated. You will be responsible for any attorney's fees and/or collection charges incurred. We reserve the right to refuse service to any patient that has been placed into collection. There is a service fee of \$40.00 for all returned checks.
- If you choose to assign your dental benefits to our practice, we will estimate the amount not covered by your carrier and that amount will be due at the time of service (choosing this option negates the accounting courtesy). Any balance remaining after insurance payment will be your responsibility and will be due in full upon receipt of statement. Please be aware that certain carriers will not allow you to assign your benefits and you will have to choose an alternative payment option.

I hereby authorize Integrated Endodontic Solutions (IES) to furnish information to insurance carriers concerning my treatment and I hereby assign all payments for dental services rendered covered by insurance for services rendered to me or my dependents to IES.

I have read, understand and agree to abide by this policy. I have been given the opportunity to receive a copy of this document. My questions have been answered in full and to my satisfaction.

Acknowledgement of Receipt of Notice of Payment Policy: (signature)