

CARY A. SHAPOFF D.D.S

Diplomate, American Board of Periodontology

Practice Limited to Periodontics ♦ Dental Implants

INSURANCE AND FINANCIAL INFORMATION FOR NEW PATIENTS

Fees:

Our office will discuss fees upon completion of the examination or prior to your specific treatment procedure. Generally complete periodontal therapy is divided into phases of treatment. Fees will be estimated for each phase of treatment as well as an overall estimated fee.

Our policy regarding payment is as follows:

A. As a service to the patient our office will fill out your dental insurance form and forward it to the insurance company for a **pre-determination** of benefits.

B. Throughout the course of periodontal treatment our office will file your dental insurance form to the company for payment on those services which have been completed. Payment will be sent to this office by the insurance company. If you request that the insurance benefits be sent to you, then we require payment at each appointment.

C. We ask that the uninsured portion of treatment (“patient obligation”) be paid by the **completion of periodontal treatment**. Please discuss your method of payment with Claudia our insurance co-ordinator. We will try and arrange a payment plan that will best suit your situation.

D. Each month our computer will send you a statement indicating your current bill and details of insurance submission and payments. Your insurance company will also send you your insurance benefit information directly.

E. **You, as the patient, are ultimately responsible for the charges and fees incurred in our office** for your periodontal care in the event that your dental insurance is cancelled or terminated or payments reduced by the insurance carrier.

Notes on Insurance Coverage:

F. Insurance for periodontal care may be covered under DENTAL and/or MEDICAL plans. Sometimes periodontal care is covered in the surgical portion of your MEDICAL insurance plan. These services may be described in the plan and not be specifically called periodontal services. If you are not sure, bring the MEDICAL plan booklet or policy with you so that we can assist in determining your extent of coverage.

G. Most insurance companies have yearly maximum benefits provided in a year. Please check your policy.

CARY A. SHAPOFF D.D.S

Diplomate, American Board of Periodontology

Practice Limited to Periodontics ♦ Dental Implants

H. Dental insurance is an arrangement between you, your employer and the insurance company. Our office is assisting you in filling our forms and processing the claims for reimbursement. We will do our best to answer questions BUT definite answers to questions regarding your benefits are best discussed with your employer or the insurance company.

I. Please be assured that we will help you with the insurance forms and work with you on establishing a comfortable payment plan on the non-insured portion of your periodontal treatment.

OTHER OFFICE CHARGES

Rebilling Charge- Our office has a rebilling service charge for those accounts that are past due for over thirty days. This monthly rebilling charge will be \$7.00. We find this procedure necessary due to increased amount of paperwork, postage costs and employee time involved in sending second and third notices on outstanding accounts.

This charge does not apply to those patients where monthly financial arrangements have been established. Please contact Claudia, our business manager if you wish to establish a monthly financial plan.

This office may place a 1% per month service charge (in lieu of the rebilling charge) on unpaid accounts beginning three months after treatment is completed but not paid for unless financial arrangements (payment plan) for past due accounts are established at kept.

Broken Appointment- If you need to change your appointment, please contact our office at least 24 hours before your appointment. There will be a \$25.00 charge for the second and additional broken appointments.

Premedication Rescheduling Fee- Our office follows the ADA and AMA guidelines for those patients who need antibiotic premedication prior to many periodontal procedures. We will explain the medical need for this antibiotic regime to you at your visits and we will remind you of your pre-med requirement at our appointment confirmation phone call. However, the ultimate responsibility to remember to take your medication is your responsibility. If you do not take your premedication and therefore need rescheduling there will be a \$25.00 broken appointment charge for the second and additional times that we must reschedule your appointment.

Returned Check Charge- There will be a \$25.00 charge for a returned check from the bank.

Collection Action- In the event the account is referred for collection for any sums due, you agree to pay all costs of collection including reasonable attorney's fees and court costs.

Please sign this form and return it to the front desk. A copy will be given to you.

Patient Signature _____ Date _____