

OFFICE FINANCIAL POLICY

January 2013

We, at Dr. Brokaw's office, are proud to be a part of a team whose primary mission is to deliver the finest and most comprehensive dental care available today. In order to assist you with your investment in your dental healthcare, we have prepared a new Financial Policy to better serve you as our patient. The following payment options will help allow everyone in our extended dental family access to the quality of care we all deserve.

The following methods of payment are accepted: Cash, Check, and Credit/Debit Card (we accept Visa, MasterCard, American Express, and Discover), and the **CareCredit Payment Plan** service. For those not familiar with the **CareCredit Plan**, it is a dental financing option offering a separate line of credit to cover an entire family's health care needs (this Plan is also utilized in many oral surgery, optometry, dermatology, and veterinary practices).

- A credit line can be established and approval usually takes less than 10 minutes either online or by phone.
- **Care Credit** has interest-free and long-term financing options available.
- There is no annual or membership fee.
- Low Monthly payments and even Interest Free Options!
- Patients can establish a Revolving Credit Line for use with any dental work including professional cleanings and cosmetic dentistry.

Payment for Services Rendered is Due at the Time of Service. If we are working with a dental insurance benefit, the patient is responsible for paying their total estimated deductible and co-payments at the time of service. Patients are personally responsible for their account and all services rendered, including any services submitted to an insurance company, *regardless* of the fee schedules or coverage provided by the insurance company.

Insurance assignment and management:

As a courtesy, we will gladly file the dental insurance claims for all our patients. However, please note the insurance contract is between the patient and their insurance carrier; thus making the patient fully responsible for any and all Services rendered. We will gladly process all dental insurance claims, and to estimate both the deductible and the portion not covered by dental insurance. Our *estimates* are subject to processing by the insurance company. Therefore, the final amount due to our office is subject to change.

***SPECIAL NOTE*:** Patients must provide the office with accurate (1) insurance and (2) personal billing information at the time of their appointment. Lack of accurate billing information will result in the patient becoming immediately responsible for paying their entire outstanding balance in full. Insurance benefits are a contract between the patient's employer, the patient, and the insurance company. The coverage a patient will receive depends upon the quality of the plan purchased by the individual or their employer.

Our office will submit dental insurance claims one time per appointment; further insurance claim appeals will become the responsibility of the patient. Therefore, accurate patient insurance information is required at all times.

General Policy:

Patients are responsible for paying their entire balance, *in Full*, 30 days following the date of service; regardless of payment, or lack thereof, from the patient's insurance company. Following this 30-day grace period, further dental insurance appeals to the respective insurance companies will become the responsibility of the patient.

In order to facilitate efficient business practices we will carry balances no longer than 45-days from the date of service. Patients will be informed their account is delinquent so they may avoid collection action. Please understand should an account need to be referred for collection actions, patients will be personally responsible for all costs and fees incurred; including the addition of all collections fees, attorney's fees, and court fees to the outstanding balance.

There will be a 1.5% bookkeeping charge added to any account balances which remain outstanding longer than 30 days. Please understand patients are personally responsible for their accounts and all services rendered, including any services submitted to your insurance company, regardless of the dental coverage provided.

A \$25 service charge for all returned checks will be assessed.

This office reserves the right to Charge for appointments missed or broken without receiving 48-hours prior notice.

Please keep this Financial Policy information for your personal records.

Confirmation of Receipt of Financial Policy Notice 2013

I, _____, (please print):

1: Have Read, Understand, had any questions Answered, and Agree to all financial payment terms and the patient responsibilities listed in the Office Financial Policy;

2: hereby authorize Matthew R. Brokaw, D.D.S., P.C. to render dental services to myself and/or family member _____ (if different from the above name), and to release any information regarding the medical or dental history, diagnosis, or treatment of myself and/or family member to my insurance company regarding any dental claim benefits; and

3: Acknowledge Receipt of the "Notice of Privacy Practices" which is additionally available online.

Patient/Responsible Party Signature: _____

Date: _____

***A copy of this Office Financial Policy and the Notice of Privacy Practices will be provided upon request.**

The Office Financial Policy and the Notice of Privacy Practices is also available on our office website at www.DrBrokaw.com

Thank you

Matthew R. Brokaw, D.D.S., P.C.

~~~~~**OFFICE USE ONLY**~~~~~

We attempted to obtain written acknowledgement of the receipt of the "Notice of Privacy Practices", and acknowledgement could not be obtained because:

\_\_\_\_\_ individual refused to sign

\_\_\_\_\_ communication barrier prohibited obtaining acknowledgement

\_\_\_\_\_ an emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ other – please explain: \_\_\_\_\_