



INSURANCE AND FINANCIAL POLICY

Welcome to our practice. We are committed to providing you with the best possible care and we are open to discussing our professional fees with you at any time.

Your dental benefits are based upon a contract between your employer and an insurance company. **If you have questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.**

We currently file to all insurance plans. This means that we work with literally hundreds of companies. However, our office is not contracted with any particular insurance company so Greenville Family Dentistry will not be listed on a preferred provider list. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up to date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your exact insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. This does delay treatment but will give you the exact out of pocket figures you may require.

Many people receive notification from their insurance company that dental fees are "above usual and customary". An insurance company determines reimbursement level by surveying a geographical area, calculating the average fee, and then determines that 80% of the average fee is customary. Included in this survey are discounted dental clinics and managed care facilities, which have severely reduced dental fees that bring down the average. **Any doctor in private practice will have fees that insurance companies define as "higher than usual and customary".**

We will bill your insurance as a courtesy. If insurance does not pay within 90 days, we reserve the right to request payment in full for the services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognized that the insurance you have is a legal contract between YOU and your insurance company. Our office is not part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

Greenville Family Dentistry does require payment in full for your portion (co-pays, deductibles, etc.) at the time of service. We accept Visa, MasterCard, American Express, Discover, cash, and checks. If you are in need of an extended finance option, we also work with Care Credit that has payment plans of up to five years to meet your treatment plan needs based on approved credit. Just ask one of our staff for an application. Any returned checks and balances older than 30 days may be subject to additional collection of fees and/or interest charges of 1.5% per month. Balances older than 90 days are also subject to being sent to a collection agency. Charges may also be made for broken appointments and appointments cancelled without a 48 hour notice.

Again, we welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant or if you have any questions about the above information, please don't hesitate to ask one of our staff members. We are here to serve you.

STATEMENT OF FINANCIAL RESPONSIBILITIES AND ASSIGNMENT OF INSURANCE BENEFITS

I understand that I am financially responsible for all charges not paid by insurance. I authorize the release of information to my insurance company for insurance/medical purposes. I hereby authorize payment from my insurance company to Greenville Family Dentistry.

X _____
Signature of Patient (parent or legal guardian if minor)

Print Name

Today's Date

Date of Birth