

PIERCE DENTAL OFFICE P.C.

102 E. Main Street • Pierce, NE 68767

402-329-6850

www.piercedental.com

FINANCIAL POLICIES

PAYMENT DAY OF SERVICE

We are committed to providing you the best possible dental care. In order to continue keeping our fees as low as possible, **full payment or estimated co-payment is expected at the time services are rendered** unless other arrangements have been made with the business office in advance. We accept cash, checks, Visa, Discover, Mastercard and American Express. For cases requiring a dental lab (i.e. CROWNS, BRIDGES, PARTIALS, DENTURES, ORTHO, ETC) at least one half of the fee is due at the time of the impression and the balance at the time of placement. After 30 days, past due balances will accrue interest at 16% per year with a \$1.00 monthly minimum.

COURTESY DISCOUNTS FOR FULL PAYMENT

We offer a 7% courtesy on services PAID IN FULL by cash or check the day of service, or in advance of services. If you have insurance, claims will be made for the reduced fee and benefits paid directly to the subscriber. We are unable to offer this courtesy to Blue Cross Blue Shield, Delta Dental Companies, Ameritas, and Principal insurance subscribers because payment is made directly to the office with a PPO fee adjustment.

PAYMENT OPTIONS

Investment in your dental health may require arrangements to extend payment over a period of time. **Such an agreement must be made in advance** with the business office and will take into account the total treatment fees, estimated insurance coverage, and the amount of time your treatment will cover. We encourage you to discuss your concerns with the business staff and will be happy to arrange a financial consultation, however, we are not a lending institution. As a small business, we cannot make long term or "indefinite" payment plans available. For patients with an established credit history in our office, we can offer short term payments. We also have a longer term outside financing plan available as a courtesy to help budget your dental care needs and make investing in your dental care more financially feasible. If an account is past due, it is the policy of Pierce Dental Office not to permit additional fees for service to accrue on the account. Should an unexpected financial situation affect prompt payment of your account, please contact us as soon as possible.

INSURANCE POLICY

If you have dental insurance, as a courtesy, we will file your claims and are happy to assist you with receiving the correct reimbursement from your carrier. We must emphasize that as a dental care provider, our relationship is with YOU, not your insurance company. **All charges are your responsibility from the date services are rendered. We expect payment for the co-pay and any amounts not covered on the day of service.** If your benefits have not been paid within 30 days of service, it is your responsibility to contact your insurance carrier to determine the status of your claim. If you have a problem receiving payment for a covered claim, contact us as soon as possible so we can work with you and your insurer to resolve the issue. Please let us know of any changes in your dental insurance information. Many companies have issued new employee identification numbers and no longer use Social Security numbers. Incorrect ID numbers may cause payment delays or claim denials.

INSURANCE BENEFITS PAID TO THE INSURED

If you have an insurance company that pays benefits to you, rather than to our office, we expect full payment at the time of service as if you have no insurance. We will still file your dental claims and assist with any claim problems. If you have a secondary insurance plan, you are responsible for filing your own secondary claims or providing us with an Explanation of Benefits so we can file with your secondary insurance provider. This also applies if you have other non-PPO insurance and elected to pay in full by cash or check to benefit from our 7% courtesy.

CONTINUED ON BACK

Contracted Insurance:

Currently our office is contracted (a Participating Provider-PPO) with Ameritas, Delta Dental Companies, Blue Cross Blue Shield, and Principal Insurance. For these insurance groups it is our policy to bill the insurance company, and after payment from them we will in turn bill you, the patient, for any remainder not paid by the insurance. However, if you have a co-pay or deductible, that amount is due at the time of service. Also, you agree to pay any portion of the charges not covered by insurance.

Non-contracted Insurance:

It is our policy to bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Insurance Co-Pays & Pre-treatment Estimates:

If you have dental insurance, we will gladly submit your claims and assist you with receiving reimbursement from your insurance company. We can submit a pre-treatment claim to help you determine coverage and estimate the benefit you have available. Estimated coverage amounts are approximate and not a guarantee of payment. Your specific plan may have deductibles, waiting periods, age restrictions, or coverage limitations for certain treatments. Any difference is your responsibility.

Finance Charge:

A finance charge will be imposed on accounts in which have not been paid in 30 days of the services being rendered. A **FINANCE CHARGE** will be computed at 1.33 percent (1.33%) per month or an **ANNUAL PERCENTAGE RATE OF 16 percent (16%)**. The finance charge is computed by applying the periodic rate of 1.33% to the “overdue balance” of your account. The “overdue balance” is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time.

Returned Checks:

If a check is returned by your bank for any reason, there is a fee. The current processing fee for a returned check at our office is \$30.00 per incidence.

Divorce:

In case of a divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. One adult cannot name another adult as his/her responsible party. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent’s responsibility to collect from the other parent.

Payments:

If you have a balance on your account, we will send you a monthly statement. It will show the previous balance, and new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month. Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is considered past due if not paid by the due date.

Delinquent Accounts:

If your account becomes past due, we will take the necessary steps to collect the debt. We reserve the right to prevent additional charges to the account by canceling future appointments until the account is settled. If necessary we will refer the account to a collection agency. Future visits would then need to be paid for on the day of service regardless of insurance.

Patient
Signature _____ Date _____