

MERKER-McALLISTER DENTAL OFFICE
3950 Frazeyburg Road
Zanesville, Ohio 43701
(740) 453-0731
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OUR CURRENT FINANCIAL POLICY

Because you are a **valued patient and person** in our dental practice, we have always tried to provide you and your family with the best dental care possible. Communication and mutual understanding is important to maintaining this quality of service. To avoid any future confusion, we have reviewed our current "verbal" financial policies and have put them in writing. **We ask that you read the following information carefully** and encourage you to discuss with us any questions you may have regarding our policies. Any new policies are effective immediately. Thank you.

- **SELF PAY**

Payment in full is required at the time each service is completed.

We realize that this is a change from our previous financial methods. We accept cash, checks, money orders, Visa and MasterCard. If necessary, we can help you arrange for financing through Citi Bank. Our business office staff will be happy to explain the details and work with you to set up this low interest, monthly payment plan.

- We **do not** accept or process Medicaid or Medicare.

- **INSURANCE/ THIRD PARTY CARRIERS**

These companies offer a variety of policies with different coverage, deductibles and payment schedules depending upon your contract. **It is your responsibility to check your policy for specific details.**

We do not participate in any HMO's, PPO's or other managed care programs. However, these programs allow treatment by a non-participating doctor, but at a **reduced payment** schedule. You should check your own insurance plan.

As a courtesy to you, **we are happy to submit your primary insurance claim** for your dental treatment. Please note the following:

-For all treatment except routine cleanings & check-ups, a co-payment of 30% of the fee is required at the time of service. If your insurance pays more than the 70% difference, we will **promptly** refund the overpayment to you or credit it to your account.

We cannot accept the responsibility of negotiating claims with your insurance company. Your insurance policy is a contract between you and your insurance company. **We cannot guarantee payment of claims.** If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policyholder. Reduction or rejection of your claim by your insurance does not relieve you of the financial obligation you have to us. The patient is responsible for payment (in full) of his dental care within 45 days of treatment—**regardless of the status of the claim.** Your insurance questions should be made to the telephone number provided to you by your insurance company.

As a service to you, we will continue to process **secondary insurance claims** over \$10.00. However, now your secondary insurance payment **will be sent directly to you**, the subscriber, and your balance after primary insurance pays will be due to us immediately.

- **DIVORCE/SEPARATION/CUSTODY SITUATIONS**

The parent or guardian who initiates/introduces a minor child to our dental practice will be considered the **guarantor and is responsible for payment** to us of that child's dental treatment. **You, the guarantor, will handle arrangements and negotiations** with the financially responsible parent. We will be happy to provide you an itemized bill for dental treatment and/or process the child's primary dental insurance claim. Our usual policies for processing insurance and payment requirements still apply in these situations.

- **MINOR CHILDREN (under 18 years)**

The following pertains to all appointments, including routine cleaning & check-ups: **a parent or adult guardian must accompany all minor children**, including those with a driver's license, and remain with them during their treatment. If this is not possible, we must know where to reach you at that time. This enables us to contact you in case of an emergency or if treatment decisions need to be made. Please send this written information with your child.

The fees of this practice are not based on third party payers. Our charges for dental services are based on the nature of the procedures, individual problem(s) of the patient and his/her needs, and the amount of time and professional skill involved. We will make every effort to keep the cost of your treatment manageable. Since billing and mailing statements is an expensive process, we request that payments be made at the time of service. **For your convenience we accept both Visa and MasterCard.**

HOW YOU CAN HELP

1. Check your monthly statement carefully and inform us of any errors so that we can correct them promptly.
2. Advise our business office of any change in your name, address, phone number, insurance coverage, etc.
3. Feel free to discuss fees with us at any time. We want you to understand our charges are comparable and fair for the high quality of service provided.
4. Use your full, legal (given) name for all paperwork.
5. Insured patients are expected to take care of their fees promptly, regardless of insurance coverage.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read this Financial Policy. I understand and agree to its terms.

X _____ Date _____
Signature of Patient/Guarantor