



FINANCIAL POLICY---INSURANCE POLICY FORM

FINANCIAL POLICY

Payment is expected at the time of service. If you have dental insurance, claims are processed as a courtesy to you. Deductibles and estimated co-payments are due at the time of service. The co-payment estimates are based on information provided by your insurance company. If there is any co-pay due after the insurance payment, you will be responsible for additional amount owed. Major treatment procedures, requiring more than one visit: i.e., crowns, bridges, partial or full dentures, we ask 75% of the fee at the first appointment and payment in full before the prosthesis is placed in your mouth. We are a health care provider and do not work as a financial institution providing financing. We accept cash, major credit cards as well as offering a financing plan through Care Credit. Regardless of insurance coverage, you are ultimately responsible for payment for treatment. If balance becomes 90 days delinquent and is not resolved your account will be turned over to a third party for Collections with a \$50 Collection Fee added to your account balance. Your contract of coverage is with your insurance company rather than with Aurelius E. Archie, D.D.S. **You are responsible to notify us of any changes to your insurance.** If not notified we will use the current information on file to file your claims which delays payment if correct information is not provided.

INSURANCE POLICY

If you have insurance coverage and would like us to submit claims for you, we will do so if you provide us with the complete information. It is **ALWAYS** your responsibility to verify eligibility with your insurance carrier. **You are responsible to notify us if any changes to your insurance occur.** Most companies provide all information to you regarding your benefits. If you have questions, we will be happy to assist you in understanding your coverage if you bring a benefits booklet to our office. **Please be aware of your yearly maximum benefits and deductible.** Our assistance in processing your insurance claims in no way implies responsibility of payment. If your claim is not paid in FIFTY (50) days, you will receive a statement and is responsible for payment. **It is your responsibility to make sure your insurance company pays the claim in a timely manner. PLEASE CONTACT YOUR INSURANCE COMPANY TO VERIFY THAT THE CLAIM WAS RECEIVED AND PROCESSED.** If it was not received, you may request us to resubmit.

Information needed to process claims includes subscriber's name, address, phone, date of birth, social security number or insurance ID number, employer name, address and phone #, group name and number as well as insurance company's name, address, phone number and payer ID.

We will submit a request for pre authorization on major procedures. Please be aware that a pre-authorization is **NOT A GUARANTEE OF PAYMENT BY YOUR INSURANCE COMPANY.** All insurance claims are processed daily. Please know, by law, insurance companies are required to pay within 45 business days of service. If insurance payment is not received in our office after 50 days, the balance expected from the insurance company is then due from you at that time. We will continue to assist you by resubmitting the claim as needed so you may be reimbursed by the insurance carrier.

I acknowledge and agree to this policy.

Signature of Responsible Party: _____

Date: _____