

FINANCIAL POLICY FOR MANAHAWKIN DENTAL ASSOCIATES

Insurance: We currently participate in two insurance plans (Delta Dental Premier & Horizon Healthcare Dental). Most other insurance plans offer "in-network" and "out-of-network" benefits. If you have an insurance plan that has "out-of-network" benefits you will also be covered in our office. It is your responsibility to know your insurance benefits, as the amounts and percentages differ with each plan. Please contact your insurance company with any questions you may have regarding your coverage.

Self Pay: Payment in full is due at the time of service if you do not have dental insurance.

Claim Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. In the event that your insurance company should happen to send payment to you, the patient, we expect that you would forward it to our office to be applied to your balance. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

Alternate Benefit Provision: Certain types of restorations using a bonding or composite material may be recommended in your treatment plan. However, most insurance companies consider this type of restoration a "non covered" service and would pay the claim according to their "alternate benefit provision". This does allow a benefit for this type of restoration, but involves a high co-payment or "out of pocket" expense to the patient. We strongly urge you to familiarize yourself with the benefits and exclusions of your specific insurance contract. Our practice cannot guarantee all services will be covered. Those rejected or not covered will be billed to the patient. Manahawkin Dental Associates will treat each individual patient based on their specific needs and not their insurance company's limitations.

Patient Billing: You will be sent up to three notices for your financial responsibility after payment and/or explanation of benefits is received from your insurance company/companies. You are fully responsible for any amounts not covered or reimbursed by your insurance after all insurance payments are received or after 90 days from the date of service, whichever is sooner.

Interest: Accounts are considered delinquent when they are 90 days old. If your account goes in to collections or beyond 90 days then interest at the rate of 1.5% per month and all collection and legal fees will be added to your account. These fees, as well as all original fees, will be your responsibility.

Broken Appointment Fees: An appointment time will be reserved specifically for you. Cancellations must be made no later than 24 hours before the appointment or a cancellation fee will be charged. If you do not show up for your appointment or provide at least 24 hours prior notice, you will be charged \$150 for an appointment with the Doctor or \$75 for an appointment with the Hygienist.

I have read, understand and agree to the above policies.

FINANCIALLY RESPONSIBLE PARTY:

Print Name:----- Signature:-----

Relationship to Patient:.. Date:_____