

Buckeye Pediatric Dentistry's Insurance, Financial & Privacy Policies

Insurance and Financial Policy: Welcome to Buckeye Pediatric Dentistry – and thanks for choosing us! Each year we are in the amazing position of providing outstanding dental care to thousands of children. Some of them have dental benefits, but some do not. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know:

Your dental benefits are based upon a contract made between an **insurance company and your employer** (or in some cases, you directly). *If you have questions regarding your benefits, please contact your employer or your insurance company directly.* Dental benefit plans normally do not pay for all of your dental care. It is only meant to assist you.

We bill your insurance as a courtesy. **If insurance does not pay within 90 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you.** This is rare, but it is important that you recognize that the insurance that you have is a legal contract between YOU and your insurance company. For us, it is simply your preferred method of payment – our patients pay for services with insurance, cash, check, credit card or a combination of these. Ultimately, you are responsible for all charges incurred in our office. Our office does require payment in full for your portion at the time of service. Additionally, we require a deposit against all operative appointments which will be applied toward your copay or towards any broken appointment fees incurred.

If you are in need of an extended finance option, we also work with Cherry Financial, CareCredit and TuaPay. You can ask for more information about these services at any time.

You must notify us of any errors or objections to billing statements within (30) days or they will be deemed accurate, and the fees and expenses shall be deemed reasonable and necessary for the services incurred. If any balance to your account is over (90) days past due, your account will be in default and may be referred to a collection agency. The balance of the account will accrue an administration fee of \$35 or the maximum allowable by applicable law, whichever is lower.

Non-Payment on Account: Should collection proceedings or other legal action become necessary to collect an overdue or delinquent account, you understand we have the right to disclose to an outside collection agency or attorney all relevant personal and account information necessary to collect payment for services rendered. You are responsible for all costs of collections including, but not limited to: (1) late fees and charges due as a result of such delinquency; (2) all court costs and fees; (3) any collection fee to be charged under a separate agreement with a third-party collection agency, and to be added to the outstanding balance due and owing at the time of the referral to the third-party collection agency.

The collection company also requires guarantor social security numbers; if you choose NOT to provide our office with your personal data, you will be considered a "Fee for Service" patient. This means that you will be required to pay in full for your child's care on the day of service and your insurance company will reimburse you directly.

Broken Appointments: A specific amount of time is reserved especially for your child, and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require **at least 24 hours' notice** to avoid a \$50 fee for each appointment.

By signing below, I acknowledge that I have received this financial policy, and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I understand that delinquent accounts will be referred to a collection agency and that I am responsible for any additional costs that this generates. I consent to receiving communications regarding my account via text message.

Printed Name

Signature

Date

Notice of Privacy Practices: Our office holds your family's personal information in the strictest confidentiality and meets or exceeds legal regulations regarding your personal health information. You may ask for a complete copy of our privacy policies and procedures at any time.

By signing below, I acknowledge that I have read and understand this practices Notice of Privacy Practices.

Printed Name

Signature

Date

I hereby acknowledge that I have read and fully understand the contents of this document, and I have been given the opportunity to ask any and all questions.

Printed Name

Signature

Date