



# Our Payment Policy

Thank you for choosing BDC as your dental provider. We are committed to providing you with quality and affordable care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read this and ask us any questions you may have. A copy will be provided to you upon request.

- 1. Payment in Full.** Unless we are billing to your insurance, payment in full is required at time of service unless prior arrangements have been made. We accept cash, check, and selected credit cards. We may request accompanying identification when payment is presented. We also have available financing options which we can assist you in applying for, however you must personally complete the application materials.
- 2. Insurance.** We participate in many insurance plans. If you are not insured by a plan with which we do business, payment in full is expected at each visit. If you are insured by a plan with which we do business but do not have a current insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is a patient's responsibility, however we will do what we can to help you understand those benefits. As a courtesy to you, our office provides a pre-treatment estimate, however we cannot guarantee any estimated coverage. Also, the patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. Please contact your insurance company for details regarding your coverage. If you hold a primary insurance along with Medicaid coverage, we must be notified at your time of service or you may be responsible for the balance.
- 3. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
- 4. Non-covered services.** Please be aware that some - and in some cases all - of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services in full at the time of visit.
- 5. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance documentation to provide proof of insurance. If you

fail to provide us with the correct insurance information in a timely manner, you are responsible for the balance of a claim.

6. **Claims submission.** Please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment. Your insurance company may need you to supply certain information and will contact you directly. It is your responsibility to comply with their request. 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; we are not a party to that contract.
7. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
8. **Minors.** The parent or legal guardian accompanying a minor who has consented to treatment are responsible for full payment at time of service. If a minor arrives unaccompanied, the parent or legal guardian is responsible for full payment at time of service. Treatment consents and payment arrangements with the parent or legal guardian must be made prior to appointment or nonemergency treatment may be denied.
9. **Nonpayment.** Unpaid balances over 30 days will incur finance charges. If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. This date is calculated from the date of service, not from the date of determination from your insurance company. We realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. Partial payments will be accepted but will not prevent your account from being referred to collections unless other arrangements have been negotiated and committed to in writing. If you are referred to a collection agency, you and your immediate family members may be dismissed from this practice. If this is to occur, you will be notified by mail that you have 30 days to find alternative care. During that 30-day period, our doctors will only be able to treat you on an emergency basis.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

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