Financial Policy

PLEASE READ AND INITIAL THE ITEMS BELOW AND SIGN THE BOTTOM OF THE FORM

1. Please familiarize yourself with the information that follows. If you have any questions, please feel free to ask one of our business office staff.
2. Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.

At Tinker Tooth, we are a non-restrictive provider. This means we are a smaller, patient-oriented practice focused on high-quality patient care. We work with most insurances and are happy to maximize your insurance benefits; however, we do not have a direct contract with insurance companies. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. As such, we have no say in the selection of your insurance company, we have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor. Payment is due at the time of the service. As a courtesy to you, we will file the claim and submit to your insurance company for you. In order to do this, we MUST have the correct dental insurance information in order to submit a courtesy claim for you. The reimbursement is dictated by your contract with your dental insurance company.

Payment as services are rendered: Your co-pay is due at the time of services rendered. Because your insurance company makes no guarantee of payment, we can only ESTIMATE your insurance coverage. For this reason, you may receive a statement with an additional balance after your insurance has met their obligation. We ask that your portion be paid at the time of service or within fifteen (15) days of receiving such statement. Our office also realizes that some families are within a state of change and on occasion question who is responsible for the bill. Ultimately, the parent who requests dental services will be responsible for the fees incurred.

Pre-treatment Authorization: Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. We can provide you with the pre-treatment fee estimate. Please understand this is only an **ESTIMATE**.

If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible and copayments at the time of service. However, if your insurance company does not assign benefits to the doctor, your payment in full is expected at the time of service. You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.

Interest Free Credit Line: Should you be interested in a payment plan; our office utilizes CareCredit for treatment plans in excess of $200.00. We require that you complete a CareCredit application and be approved for a line of credit at the onset of treatment. Please ask for more information about CareCredit.

Outstanding Balances: Because we do not want to cause any further financial burdens to families with balances, it is our policy that any outstanding co-pays be paid in full. A finance charge will be assessed and appear on your statement once your account is deemed delinquent. Delinquent accounts over sixty (60) days with failure to remain in contact with our office will be turned over to our collections agency – which may adversely affect your credit rating. Any returned check will be assessed a $25.00 charge.

In-Office IV and General Anesthesia Appointments: Our office works with anesthesiology companies who provide in office general anesthesia, as well as Hendricks Regional Hospital. To reserve the date for your child, we require a $250.00 non-refundable deposit. The deposit will be applied to the total cost of dental services rendered on the day of the procedure with the remaining amount due in full on the day of treatment.

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PEDIATRIC DENTISTRY

Follow up Dental Care: No healthcare provider can make guarantees regarding treatment success. We feel that to increase your child's chances of long term success, you must follow up with regular check-ups every 3 or 6 months, complete proposed treatment, brush and floss twice a day, and encourage a proper diet. In doing this, you are giving your child the best possible opportunity to achieve long-term health.

IN-OFFICE ACCEPTED FORMS OF PAYMENT:

All major credit cards Cash Check Health Savings Account (HSA) or Flex spending CareCredit

Parent/ Legal Guardian
Signature _____ Date: _____

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Assignment of Benefits Agreement

Our office will accept an assignment of benefits from your insurance company with the following provisions. It is important to understand that the contract regarding your dental benefits is between you, your employer, and your insurance company. The obligation you have with our practice is to pay for treatment, regardless of the amount that may or may not be reimbursed by your insurance company. The following provisions identify our policies governing insurance claims.

1. Although we are willing to complete insurance information forms and submit a claim on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy we extend to you in an effort to maximize your insurance reimbursement. By having our office process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your treatment.
2. We require you to sign this form and/or any other necessary assignment documents that may be required by your insurance company. This instructs your insurance company to make payment directly to our office.
3. We require you to pay the co-payment, which is the amount not covered by your insurance company, at the time we provide service to you.
4. Insurance payments ordinarily are received within 30-60 days from the time of billing. If your insurance company has not made payment to our office within 60 days, we will ask you to pay the balance due at that time. You will be responsible for seeking reimbursement from your insurance company at that time.
5. Our office does not guarantee that your insurance company will pay for treatment you receive from our practice. We perform routine insurance billing procedures upon verification of coverage. However, if your claim is denied, you will be responsible for paying the full amount at that time.
6. Our office will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. It is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company.

I have read and understand the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to the doctor.

_____ _____

Signature of Patient/Responsible Party Date

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