

Dental Services Financial Agreement

One Dental Care, PC

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ONE DENTAL CARE PC, YOU AND YOUR INSURANCE PLAN **– HOW WE WORK TOGETHER**

We, at One Dental Care PC, are pleased that you have insurance benefits to help with the cost of your dental care. We would like to help you obtain the maximum use of these benefits. With this in mind, please read the following information regarding our insurance claims processing policies so that we can work together to best utilize your benefits.

DO YOU ACCEPT MY INSURANCE? HOW MUCH WILL THEY PAY?

We currently accept most private care insurance plans (*plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for services*) and we are participating practice of *Delta Dental Premier* and *Blue Cross Blue Shield Dental Blue (Indemnity)* plans. Although we can maintain computerized history of payment by a given company, they do change and therefore it is *impossible* to give you a *guaranteed quote* at the time of service. We estimate your portion base on the most up-to-date information we have, but it is *only an estimate*. If you would like to know your exact insurance benefit, we will be happy to file a 'pre-treatment authorization' with your insurance company prior to treatment. This does delay treatment but will give you the exact out of pocket figure you may require.

Except *Delta Dental Premier* and *Blue Cross Blue Shield Dental Blue (Indemnity)* plans, we reserve the right to accept or deny certain insurance plans at our discretion.

For any dental plans (*including Delta Dental Premier and Blue Cross Blue Shield Dental Blue plans*), if we accept your insurance plan, a minimum 20 percent co-payment is due at the time of service if a co-payment is required from the insurance company. If your insurance company has not paid the *full balance* within 45 days, you will have 15 days to pay the balance. A monthly finance charge of 1.5% will be added to any unpaid balances after 60 days from date of service.

Should your insurance plan be denied, full payment is expected at the time of service unless prior arrangements have been made through us. A monthly finance charge of 1.5% will be added to any unpaid balances after 60 days from date of service.

Besides *Delta Dental Premier* and *Blue Cross Blue Shield Dental Blue (Indemnity)* plans, insurance is a contract between the patient and/or their employer and the insurance company. It is not a contract between our office and your insurance company. We will be happy to assist you by filing your insurance

claim and answering the details that the insurance company may require. We cannot be responsible for payment by the insurance company. **The responsibility for payment belongs to the patient.**

I THOUGHT I PAID MY PORTION BUT I GOT A BILL, WHY?

We base the patient portion of your bill on our most current data although there are many factors that can affect this *estimate*. There may be a **deductible** (*individual or family*) or you may have received treatment in another office prior to joining One Dental Care, PC., which is not calculated into our database. Sometimes you may need to see a specialist for care, which also uses your annual benefit. Insurance companies do not (and cannot in most cases) notify us of changes to your benefits, they only notify you. If these situations apply to you, please let us know when we estimate your treatment plan so we may adjust accordingly. Also, information given by insurance representatives over the phone is not a guarantee of payment or guaranteed to be accurate. Since it is your insurance plan, it is also your responsibility to be familiar with all aspects of your individual plan.

WITH OR WITHOUT DENTAL INSURANCE

Payment is due at the time of service. We accept checks, cash and most major credit cards including MasterCard, Visa and American Express. A monthly finance charge of 1.5% will be added to any unpaid balances after 60 days from date of service. Payment plans for certain procedures are available through Care Credit and Advance Care. Extended treatment plans will be outlined so that appropriate payments may be made as each phase of treatment has begun.

Please remember that you are responsible for timely payment of your account. Should it become necessary to refer your account to an agency or attorney for collection, you will also be responsible for all costs associated with the collection including attorney's fees and court costs.

I understand the above policy and agree to the terms herein.

Name of Patient

Signature of Individual/Parent/Guardian/Responsible Party

Date

Name of Parent/Guardian/Responsible Party (if the patient isn't the responsible party)