FINANCIAL POLICY

Patient Name: _____ Date:_____

Welcome to Schneider Family Dentistry! We are pleased that you have chosen us as your dental health care provider. We strive to provide the highest level of dental health care with the highest degree of patient satisfaction. To avoid any misunderstandings and ensure timely payment for services, it is important that you understand your financial responsibilities with respect to your health care.

PATIENT RESPONSIBLITY

FEE FOR SERVICE: Schneider Family Dentistry is a fee-for-service provider. We expect payment at the time of your visit for all charges owed for that visit as well as any prior balance. If you do not have insurance or if we are out-of-network, you will be asked to pay the full amount of the charges for the visit. If we are in-network with your insurance, you will be asked to pay the estimated patient portion and you will be billed for any amount remaining after insurance has been applied. We are happy to set up a payment plan if needed.

If you have an outstanding balance for more than ninety (90) days, you may be referred to a collection agency and charged a collection fee in addition to the balance owed. In addition, you will be asked to pay the outstanding balance or make payment arrangements before scheduling any additional services.

Patients or their legal representative (parent or guardian) are ultimately responsible for all charges for services provided.

INSURANCE

We ask all patients to provide their insurance card (if applicable) and proof of identification (such as a driver's license or photo ID) at every visit. If you do not provide current proof of insurance, you may be billed for the full amount due. If you provide your insurance card at a later time, we may be able to retroactively bill the services to the insurer, depending on the insurance plan's requirements.

IN NETWORK: We are 'in network' with Delta Dental and United Concordia. We require a co-payment or co-insurance payment at the time of your visit. You are expected to pay the entire amount determined by your insurance to be the patient responsibility, and we will bill you for any amount remaining after the co-payment or co-insurance. Most insurance plans require you to pay a predetermined amount (the 'deductible') before insurance will cover certain charges.

OUT OF NETWORK: For all other insurance providers, we are an out-of-network provider. If we do not participate with your insurance plan, you will be required to pay for your visit at the time of service, and we will submit a courtesy claim to your insurance provider so they can reimburse you directly. If the total charge amount is not available at the time of check out, you may be required to pay a deposit as described above.

PATIENT RESPONSIBILITY: Some insurance plans tell us exactly what you will owe at the time of your visit; in that case, we may request full payment for your share when you check in or out. Other insurance plans do not provide immediate information regarding patient responsibility. In that case, you will be asked to pay a deposit

when you check in or out. When you make a deposit, you will pay an estimate of the expected patient responsibility; when your insurance company notifies us of your patient responsibility, we will either send you a statement for the balance due or issue a refund.

NON-COVERED SERVICES: It is your responsibility to contact your insurance company to determine whether a particular service is covered. If we provide you a non-covered service, you are expected to pay for these services at the time of your visit. Our billing staff will assist you in attempting to resolve any appeals.

UNINSURED PATIENTS

If you do not have insurance or if services are not covered by your insurance plan, payment for all services is due at the time of your visit. A courtesy of 10% will be applied for patients who do not have dental insurance. If you do not pay the total charge amount at the time of checkout, you will be required to pay a deposit of at least 30% and you will be billed for the remaining amount. If you have a large balance, a payment plan may be set up for your convenience.

LATE ARRIVALS, CANCELLATIONS & NO-SHOWS

LATE ARRIVALS

If you arrive late for a scheduled appointment, you may be asked to reschedule your appointment or wait for an open appointment time on that day's schedule. We do not think it is appropriate to inconvenience other patients due to another patient's tardiness.

CANCELLATIONS

If you are unable to keep a scheduled appointment, please call at least one (1) business day in advance to reschedule or we may consider you a 'no-show'.

NO-SHOWS

We reserve time especially for you. We understand that life happens, and that every once in a while you may have to change an appointment. Please let us know if advance so we can reschedule you and release your appointment time for another patient. If you miss your appointment, you may be charged a $25 fee for a missed appointment (emergencies excepted). This fee will need to be paid before you can schedule another appointment, and may not be billed to insurance. If permitted by state law, you may be discharged as a patient following three (3) no-shows in a one-year period (365 days).

My signature acknowledges my understanding of and agreement to the practice financial policy. A parent or guardian must sign for patients under the age of 18.

Signature: _____ Date: _____
(For patients under the age of 18, a parent or guardian must sign)