

Dental Arts of Boynton Beach, P.A.
10150 Hagen Ranch Road, Suite 202
Boynton Beach, FL 33437
(561) 767-9595

Office Financial Policy

Welcome, and thank you for selecting Dental Arts of Boynton Beach as your dental health care provider. We want you to feel welcome and as comfortable as possible throughout our professional relationship. Our goal is to provide you and your family with the finest dental care available because we believe that all patients deserve the best treatment. We know that providing comprehensive dental services includes not only discussing treatment, but also specific financial arrangements prior to rendering services that are fully understood and agreed upon by all parties. Every effort is made to prevent the cost of treatment from becoming a barrier to the quality dental care you need and desire. To do this, we look to make the cost of the very best dental care manageable by offering and simplifying a variety of payment alternatives. Our fees are generally based upon what is usual and customary in our area and are very comparable to other local providers. They are more specifically based upon the quality materials, supplies and laboratories we use and the time, effort and skill required in performing your needed treatment by our talented clinicians. We are always more than willing to discuss our fees and how they relate to your particular situation.

Payment

Patients are expected to pay for our services at the time they are rendered unless prior in-office custom arrangements have been established. Single visit treatments must be paid in full during checkout that day. Treatment that requires multiple visits can have payment arranged such that one-half of the overall treatment is paid at the end of the first visit, with the remaining balance spread out over the number of remaining visits if need be. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service.

We do understand that unexpected and/or temporary financial situations may affect timely payment of your account. If such problems do arise, contact us promptly for assistance in the management of your account. At any time, financial misunderstandings or inquiries can be managed in-office or with a simple phone call. Refunds for overpayment will be sent after all treatment is completed and insurance has been collected. Any account that has not received payment in 90 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office.

Accepted methods of payment include: cash, check, Visa, Mastercard, Discover, American Express, as well as CareCredit. Checks that are returned to our office from your financial institution are subject to a \$30 returned check fee to cover the processing fees charged to us. CareCredit is a patient payment program for health care expenses offering a full range of no interest and extended payment plans that allows you to begin your treatment immediately. This patient financing program enables you to pay over time for services rendered with a payment that fits comfortably into your budget. Through arrangements with CareCredit and upon approval, we may be able to offer an interest-free term loan up to 18 months with no down payment, no annual fee and no prepayment penalty. With this availability, even the most extensive treatment plans can become more feasible and affordable.

Insurance

Upon treatment plan presentation and prior to any services scheduled, we will make every effort to help you fully interpret your insurance coverage and benefit eligibility. It is our pleasure to work with your insurance carrier to maximize your dental benefit allowance, as they will be directly billed for their covered portion of treatment. If however, payment is not received from your insurance company after 60 days, you will become responsible for the full payment of dental services rendered. After making payment, you will either be reimbursed by the office upon payment by the insurance carrier, or you may personally have to seek reimbursement from your insurance carrier for services paid out of pocket. All current documentation will be provided by mail or pick-up in order to assist your interaction with the insurance carrier. At this point, the insured party has a better ability to deal with the insurance company and the employer responsible for the policy.

As a courtesy to our insured patients, we submit electronic claims to your insurance company free of charge the day of your appointment. Your insurance benefits will be verified prior to each visit and also every new calendar year in an effort to alleviate errors on our end. If your insurance plan is unable to be verified any given day and you still elect to move forward with treatment, you will be expected to pay for all services rendered in full. We also ask that any insurance plan co-payments, deductibles and services not covered be paid at the time service is

rendered. In order to submit claims we need your accurate insurance plan information on your initial visit to the office. We will do everything possible to help you to receive your maximum allowable benefits. We cannot, however, guarantee any estimated coverage. It is very important to understand that our doctors will diagnose treatment needs based upon your dental health, not your insurance coverage.

You must also realize that dental insurance isn't really insurance, which is usually defined as a payment to cover the cost of a loss. It is actually a negotiated and contracted money benefit, typically provided by an employer, to help their employees pay for routine dental services at reduced fees. The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment, up to an allowable maximum per year. For example, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling and the recommended crown would be an out of pocket expense.

Because the insurance policy is a contracted agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. We are not a party to that contract. Please be aware some and possibly all of the services provided may be non-covered services and not considered reasonable, usual and customary under the terms of your dental and/or medical policy. Ultimately, you are responsible for payment regardless of any insurance companies arbitrary determination of usual and customary rates. The balance is your responsibility whether your insurance company pays or not.

Appointments

Our practice is dedicated to quality care and exceptional service and our doctors and staff spend extensive amounts of time preparing for your visit. In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment schedule. As an added benefit to you, we may call and offer to move your appointment to an earlier time if an opening should arise.

Our cost of providing care increases greatly when patients fail to keep scheduled appointments or cancel with little or no notice. We require at least 24-hour notice for any rescheduled or cancelled appointment. After 2 missed or cancelled appointments without required notice, we will place you on a short call list. This means we will phone you when an appointment time becomes available on short notice. If you have been notified about being placed on a short call list, you also have the option of calling any morning to check if an appointment is available for your treatment that same day. This gives you and the practice the opportunity to know if your busy schedule allows for a dental appointment within the next few hours. We understand that life events and unpredictable situations occur from time to time, however it is our policy to charge for appointments or cancelling without required notice every encounter after the first at the rate of a normal office visit (\$93). Please understand that missed or cancelled appointments without required notice may be valuable times to others that may find it hard to come to the Dentist otherwise. Please help us serve you and all of our patients better by keeping your scheduled appointments.

Thank you for taking the time to review our financial policy. Please let us know if you have any questions or concerns. We look forward to helping to make the highest quality dental care that you deserve affordable and convenient.

By signing below, I indicate that I have thoroughly read, understand and agree to the terms of the Financial Policy. Should you desire a copy of this policy, kindly ask our front desk staff and they will be more than happy to accommodate your request.

Patient Name: _____

Signature: _____

Date: _____

Relationship to Patient (if signed by a personal representative of patient): _____