



Financial Policy Agreement

Often the assumption is made that if a person has insurance, then it is the insurance company who owes the doctor for his/her services. This assumption is incorrect. As the insurance contract is between the patient and the insurance company alone, it is the patient who is responsible for the bill, regardless of insurance coverage determination. We are happy to bill your primary or secondary insurance company for you as a courtesy, but please keep in mind that the responsibility for the payment remains with the patient or the guarantor.

Insurance

It is your responsibility to know the terms of your insurance coverage as well as any exclusions. In order to determine the exact portion of your total charges that will be covered by your insurance, a pre-authorization of services needs to be requested. We will be happy to request this, which usually requires approximately four weeks to be processed by your insurance company.

Please be aware that most insurance companies will only pay the percentage of their own determined cost for a procedure. This is referred to as usual, customary & reasonable fees or UCR. This may be below Murray Scholls Family Dental fees. If the UCR fee is under MSFD fees, it may leave a difference in what your insurance company will pay and what is owed to Murray Scholls Family Dental for your care and service. You will be responsible for the amount above UCR fees.

Payment Policy

Murray Scholls Family Dental requests that at the time of service you pay for your “estimated” portion. This is the “estimated” difference in the cost between your insurance company reimbursement fee and the actual cost of service. This may also include the yearly deductible, if applicable.

In the event the insurance company’s estimated reimbursement fee does not pay the services in full, you will be responsible for any unpaid amount. We will send a statement notifying you of the balance owed.

As a courtesy to you, we will prepare a treatment plan with estimates of your portion of the services. This is not a guarantee of payment, but only an estimate based on information we receive from your insurance company. Any differences between our estimate and the insurance reimbursement will be the patient’s responsibility. If you want clarification of coverage or want to know the amount that insurance will pay for a particular procedure. We will gladly send in a pre-treatment estimate to your insurance company.

If you are not covered by insurance patients are expected to make payment in full for all charges at the time of service. In addition, emergency patients may be required to make payment in full for all charges at time of service if there is not adequate time to verify insurance.

Delinquent accounts will be referred for collection at our discretion. If a collection referral becomes necessary for any amount owed, the undersigned agrees to pay all costs, including reasonable attorney fees.

Appointment Policy

If you find that a change in your appointment is necessary, please call us within 24 hours of your appointment. Any missed appointment will result in a \$25 fee. A missed appointment includes not showing up for an appointment, arriving more than 15 minutes late or canceling less than 24 hours prior to an appointment.

As a patient of Murray Scholls Family Dental I agree with and will adhere to the policies set forth above. I hereby authorize release of any relevant information necessary to process my claim to my insurance company. I also authorize any insurance benefits otherwise payable to me to be paid direction to the dental provider who is providing the service.

Patient Name

Patient Signature

Date