



OFFICE & FINANCIAL POLICY

Welcome and thank you for choosing our office for your dental care. Dental treatment is an excellent investment in an individual's medical and psychological well being. Our office is committed to providing the highest excellence in quality dental care through the use of state-of-the-art technology and equipment. We hope that by providing you with our policies in advance we can prevent misunderstanding and frustration.

Initial _____ Insurance: It has been made clear to me that though Dr. Young accepts all private PPO insurance plans, he is not in contract or in-network with any insurance company. There may or may not be an out of pocket expense associated with any or all of the treatment provided by Dr. Young's office.

Initial _____ The insured is responsible for knowing their insurance benefit coverage. We agree to verify and file insurance for our guests. Every attempt will be made to determine and estimate of the insured's coverage, but because the insurance policy is a unique agreement between your employer and the insurance company, we can make no guarantees. If payment is not received from your insurance carrier within 60 days of filing the claim, the balance will be due. We cannot become involved in disputes between you and your insurance company regarding coverage and/or policy benefit criteria, i.e. deductibles, non-covered services, co-insurance, coordination of benefits, pre-existing conditions or "reasonable and customary charges", etc., other than to supply factual information when necessary. Each guest is ultimately responsible for the timely payment of their account.

Initial _____ Check- in: Please arrive 10 minutes prior to your appointment time, so that all paperwork may be completed before the time you are scheduled. We also ask that our guests with insurance also bring their current insurance card with them. On follow-up visits, you will be asked to verify demographic and insurance information so that our records remain up-to-date.

Initial _____ The estimated responsibility will be due on the date of the service: In some cases, this estimate may be higher than expected. One reason this can happen is an "alternative benefit" many insurance plans utilize. "Alternative benefit" means benefits are based on the least costly procedure that exists to treat a condition. The composite resin material (tooth-colored fillings) now used in dentistry for restorations is one example where many insurance plans provide an "alternative benefit" is often used. The insurance company allows the benefit for an amalgam (silver) filling which is less. The patient must pay the difference.

Initial _____ Check-out: Please be prepared to pay for the current visit as well as any past balance on your family account. Payment of deductibles, estimated responsibility for fees for non-covered services will be required at the time of service. For your convenience we accept cash, check, MasterCard, Visa, Discover, and American Express.

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Initial _____ Late Arrivals: We do our best to keep to the schedule. When a guest arrives late, it is difficult for us to stay on time. If you arrive more than 10 minutes late, we may need to reschedule so that other guests are not inconvenienced.

Initial _____ “No Shows” and late cancellations: We require a 24-hour advance notice if you must cancel your appointment. If you cancel on the same day as your appointment, you will be considered a “no show” for that visit. After one “no show”, new guests (who have never seen Dr. Young) will be required to pay for their first visit to reschedule. We will still be happy to file insurance, if applicable, and reimburse upon collection. Established guests with repeated “no shows” may be required to make a deposit to reserve their next appointment.

Initial _____ Should there be any balance remaining after insurance has been collected, it will be due 30 days after receipt of statement. If an overpayment is made, a credit will be applied to the account and refunded or held on account for future charges. Please be aware that some, if not all, of the services provided may not be covered under your insurance policy. We will make every attempt possible to let you know what your insurance will cover prior to initiating treatment. However, it is ultimately the insured’s responsibility to ensure coverage of any procedure.

Initial _____ Non-covered services: In dentistry, there are many procedures that are done for cosmetic purposes or procedures that have a cosmetic component and these are not covered by insurance. There are also times when treatment is not a covered benefit or a treatment plan exceeds the yearly benefit allowance. Examples include but are not limited to teeth whitening, veneers, porcelain/ceramic crowns, gingivectomies and implants. A separate “financial policy” may be required to acknowledge your responsibility regarding these types of services.

I have read, understand and agree to the above financial policies. I have given and agree to provide current demographic and insurance information and authorize release of information necessary for insurance filing, if applicable. By signing this statement, I also authorize my insurance company to reimburse Dr. Young directly for any benefits that I may be eligible for.

Signed: _____

Date: _____

I wish to include the following family members in this agreement _____