TRIA DENTAL
Tysons

TRIA DENTAL TYSONS Financial Policy

Nearly all dental benefit plans are the result of a contract between the plan sponsor (usually your employer) and a third-party payer (insurance company). **The amount the plan pays is determined by the agreement negotiated by the employer with the insurer.** Dental coverage is determined not by the patient's dental needs nor the dentist, but rather how much the employer contributes to your plan.

As a service to our patients, we will bill your insurance company for you. It is not always possible for our office to become familiar with the details of every insurance plan available, and/or what is excluded from your dental plan. We will contact your insurance to obtain benefit coverage and based on the information provided by your insurance we will provide you with an estimate of fees at the time of your appointment. Remember, this is an estimate only and not a guarantee of benefits. Ultimately you are responsible for knowing what is covered and what is excluded from your dental plan. We require at least 72 hours to obtain benefit coverage. However, there are times when the information we have requested is delayed and our office cannot obtain benefit coverage. On those rare occasions, we will collect a 50% of the office fee, before any work is initiated.

Even after benefit coverage has been established, other procedures may be required as the doctor discovers other corrective needs. We will communicate these changes to you. If there is a difference between the estimate and the actual payment from insurance, then an additional billing or refund will be applied accordingly.

TRIA DENTAL Tysons

I, _____ agree;

(Please initial your understanding of the following)

1. The coverage information provided is only an estimate and not a guarantee of payment. TRIA DENTAL TYSONS obtains the most accurate benefit information possible but all provided services are subject to review by my insurance company after the claim for our services is adjudicated by my insurance company.

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2. I understand that I am financially responsible for any balance after my insurance company has processed and paid the rendered services. _____.
3. In the event the insurance company pays benefits directly to me for services performed, I agree to immediately forward such benefit to TRIA DENTAL TYSONS in full. _____.
4. If I do not have insurance coverage, I understand that I am financially responsible for all services rendered and that fees will be collected at the time of service. _____.

I agree and guarantee that in the event the account is not paid in accordance with the financial arrangements made at discharge, or within 30 days of discharge, to pay all processing fees and collection costs including reasonable attorney fees if this account is placed in the hands of a collection agency or attorney. In the case your account is handed over for collections proceeding, there will be a 35% fee added to your account.

I have read the above and fully understand the terms thereof.

_____ _____

Patient Signature Dentist Signature

_____

Date