## North Spokane Dental, P. S.

## **Financial Policy**

Payment is expected in full at the time services are rendered. This policy is adhered to on your first visit unless you have dental insurance and your benefits can be verified by our staff prior to, or by the time services are rendered. We will collect your initial estimated portion and then bill the insurance company for the treatment. You will be responsible for any outstanding balance following insurance reimbursement. Previously approved financial arrangements can be made for subsequent visits depending on the circumstances.

Our office is happy to cooperate with individuals who are covered by dental insurance. We only ask that you carefully read your policy to be sure that you are fully aware of any restrictions that may apply to the benefits provided. Dental insurance is a contract between the patient and the insurance company for reimbursing the cost of dental services. It is not a contract between the dentist and the insurance company.

The fees we charge for services rendered to those who are insured are considered usual, customary, and reasonable (UCR) for our area and are regulated by your insurance company. Your policy may base its allowances on a fixed fee schedule that may or may not coincide with the usual, customary, and reasonable fee structure for our area. You should be aware that different insurance companies vary greatly in the types of coverage they make available. Some insurance companies pay a percentage of the dental fee, for example, 40%, 80% or 90%. Some will have you pay a deductible of \$25 or \$50, and then they will cover 80% of the remainder of your dental bill. Others reimburse according to a "table of allowances" which is substantially below the usual and customary fee schedule found in private practice. Some companies pay claims promptly and others delay payment for many months.

The following policies will help streamline the procedures and therefore reduce administrative costs.

1. Routine maintenance cleaning appointments are to be paid in full at the time of your visit. Patients whose insurance coverage is verified will be required to pay only their estimated portion at the time of their appointment.

2. We will accept the assignment of benefits from the insurance companies for the insured portion for the first 90 days. However, it is very costly to carry amounts beyond this length of time. Therefore, interest will be automatically charged on accounts aged over 90 days at the rate of 18% APR.

3. To fully utilize your yearly insurance benefits, please plan ahead. We encourage you to make your appointments early enough in the year to allow sufficient time to complete your treatment. Do not get caught in the year-end holiday rush.

4. In consideration for senior citizens, a 10% discount of professional courtesy will extend to those individuals who have reached the age of 60 years.

5. If a check is returned for any reason, there will be a service charge of \$20.00 to cover administrative costs levied to us by the bank.

We would like to take this opportunity to thank you for the trust and confidence through your referrals. We truly appreciate the privilege of serving you.

Sincerely,

Todd S. Weller, D.M.D