

McCracken Family Dentistry

Dr. Mark McCracken

Dr. Kirk McCracken

FINANCIAL POLICY

Thank you for selecting us as your dental health care providers. Our goal is to provide you with optimal dental care. We want you to feel welcome and as comfortable as possible in a caring environment. Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire.

The dentists of this practice work hard to keep your dental care costs as low as possible. To continue to do this, we have amended our financial policy so we can keep the cost of our dental care down. Please help us to do so in the following ways:

- ❖ Please ALWAYS bring your current dental insurance card(s) or dental insurance information to the office for your visit.
- ❖ Please notify us right away of any changes in insurance, home address, phone numbers, etc.
- ❖ If you have dental insurance, we will submit all insurance claims but you are expected to pay any of the estimated amounts for co-insurances and deductibles at the time of service. If you do not have insurance, please come prepared to pay for your visit in full. Payments may be made using cash, check, Visa, MasterCard and/or Discover. Checks that are returned to our office from your financial institution are subject to a \$30.00 returned check fee. This fee covers the processing fee that our financial institution charges to our office. We also offer CARECREDIT, which is a financing option that is available only for healthcare expenses. Please contact us with details and/or questions on CARECREDIT.
- ❖ After we receive your insurance payment, you will receive a billing statement for any remaining patient balances. You will also receive an explanation of benefits from your insurance carrier regarding your responsibility.

The following policies are effective as of August 1, 2017.

Co-Insurances: We will collect all co-insurance amounts at the time of service for individuals with dental insurance. Co-insurance is the percent of the cost that you pay for a procedure if you do not have 100% coverage.

Billing Statements: A billing statement will be sent to you once insurance payments have been received in our office. The balance on your statement is due and payable within 30 days of the statement date. There will be a \$5.00 charge for each subsequent statement sent thereafter and a \$15.00 late charge for all payments not received after the 30-day statement date.

Past Due Accounts: If your account becomes 60 days past due, we will have to take necessary steps to collect the debt. We will refer your account to the Credit Bureau and/or District Justice.

Uninsured Patients: A patient who does not have insurance coverage will be responsible to pay for services in full at the time of the service. We do offer a Dental Discount Program for all those patients who do not have dental insurance benefits. Please feel free to contact our wonderful staff at anytime to find out about our dental discount program.

Insurance: It is the responsibility of the patient to know what his or her eligibility and coverage is with their current dental insurance plan(s). Our front staff is available to answer most insurance questions that you may have. You agree to pay any portion not covered by your insurance including co-insurance, deductibles and any services your insurance company determines to be “not covered” by your dental insurance plan.

Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of claims. To avoid misunderstandings, we want our patients to know that all professional services we rendered, are the full responsibility of the patient. You agree to be responsible for all charges for dental services and materials not paid by your dental benefit plan.

We will do everything possible to get our claims processed with your insurance company, but if your insurance company has not paid within 60 days of services rendered, you will need to make full payment to this office. We will reimburse you if and when your insurance company pays. After 60 days, the patient will become responsible to pursue payment from the insurance company. All documentation will be provided by us in order to assist your inquiries. The patient (insured) has a better ability to deal with the insurance company and the employer responsible for the policy.

We will estimate, as closely as possible, your insurance coverage and your patient portion, but until we actually receive the payment from your dental insurance company, it is just an ESTIMATE!

Please note that our doctors diagnose treatment based on your dental health and not just what your insurance covers.

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.

Patient's Name (Please Print)

Patient's Signature

Date