

Financial Policy Information

Payment Policy:

- Fees for treatment are payable in full at the completion of each appointment. If you have a dental insurance plan, your co-payment is due at each appointment.
- Payment may be made with cash or check. We also accept MasterCard®, VISA®, Discover®, and CareCredit®.
- The parent who brings a child(ren) is responsible for payment. Divorced or separated parents may share responsibility for dental bills by written or informal agreement. This office cannot become involved in such intra-family matters and therefore does not separate or split bills. Obtaining reimbursement from the other parent is the responsibility of the parent bringing the child(ren) for treatment.

Extended Payment Options: *(We reserve the right to obtain a credit report)*

BUDGET PLAN: Extended payment arrangements may be arranged through CareCredit®.

ORTHODONTICS: Payment plans are customized according to length of treatment. Payments must be made as agreed or the plan is cancelled and the entire balance is due.

Dental Insurance: Your insurance plan has fee allowances or a fee schedule for specific services and a yearly individual/family deductible. The allowances, fee schedules, and deductibles were chosen by your employer not the insurance company or this office. Since plans cover from as little as 30% to as much as 90% of our fee, you will likely have a co-payment.

We communicate with and accept payments from most dental insurance plans. To check your plan's acceptability, please speak to a staff member. Benefits must be assigned to our office. **However, if your insurer pays your benefit directly to you only, payment in full at the time of visit will be expected.** Your plan may require you to be treated by a 'participating' dentist for you to receive any part or all of your benefits. In this office, the dentists participate only with Excellus BCBS plans of Greater Rochester.

We will try to provide some guidance and information about your plan's coverages, but, it is impossible to know the details and terms of each plan. We will complete and send in your insurance forms. However, please remember our services are rendered to you. You are directly and ultimately responsible for payment.

You must inform us if your insurance program requires predetermination for specified services. We will submit your treatment plan to the insurance company which will then specify your plan's specific coverage and benefits, not the appropriateness of the suggested treatment. Although your insurer may send benefit payments directly to this office, you are responsible for unpaid balances.

You must provide us with all necessary insurance information and any changes to your insurance for each member of your family undergoing treatment. Failure to provide that information will delay submission of the claim. If you or your family are covered under two plans, inform us so that the process of dual claims submission can proceed. Even with two plans of benefits, you may have to make a co-payment.

Our office expects your insurance plan to pay your benefit in a timely manner. If there are changes in the insurance benefit or difficulties with the insurance company, you are responsible for the treatment fee or any unpaid part.

We are not accepting patients covered by any Medicaid, Blue Choice Option or Fidelis plans.

Finance Charges: Balances not paid within ninety (90) days are subject to finance charges at a rate of 1½% per month, with a minimum finance charge of \$1.00.

Collection Charges: Delinquent balances are administered by a collection agency or attorney. Should this occur, you, as patient or as parent of a child patient, hereby agree to be responsible for all legal fees and/or collection expenses incurred by reason of your non-payment.

Returned Checks: There is a \$35.00 charge for all returned checks. In addition, you may be liable for any penalties under the General Obligations Law of the State of New York.

Signature

Date

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