

## Financial Policy

Smiles By Hazen, PA

352.383.9406

Thank you for choosing our privately owned and operated dental practice. We are happy to have you as part of our Dental Family! At Smiles By Hazen, PA, our goal is to provide you with outstanding customer service in a state of the art facility with the most up to date technology that dentistry has to offer! We hope to have you and your family members as our patients for life. We encourage you to ask questions regarding your dental treatment, and we will do our very best to educate you, and use your dental benefits as necessary.

### **Please read the following statements regarding your treatment and dental benefits below:**

- Dr. Hazen bases her diagnosis and treatment plan according to the patient's dental necessity, and not based on what the insurance covers.
- Dental Insurance is not there to pay 100% of your dental treatment. Dental Insurance is designed to aid in the cost of your overall treatment. Dental Insurance does not cover everything!
- When given a treatment plan by Dr. Hazen or an associate of Smiles By Hazen, PA, think of your treatment plan as a prescription written by the Doctor. The staff does not have the authority to change the treatment prescribed. *Example: The Type of Cleaning the Doctor has Prescribed*
- Treatment plans **ARE NOT A GUARANTEE OF PAYMENT**, they are considered an outline of your treatment & an estimate of what your insurance may cover. All dental plans have hidden clauses that are not evident to the patient or the dental staff. Although we strive to provide an accurate estimate, we are not responsible for hidden clauses the insurance company may use when processing a claim.
- It is the responsibility of the patient to inform our office of the Age of Existing Dental Treatment when pertaining to submission of claims. IE: Replacement Periods
- Smiles By Hazen, PA will always submit our office fees (UCR) on the dental claim form **as requested by insurance companies as part of our dental contract.**
- Your insurance carrier dictates the fees that we present to you. Your treatment plan will reflect the fees provided to our office by your insurance company.
- If you have two dental insurances: Treatment plan will be based on the primary insurance coverage (*which is specified by your insurance carrier*), and as a courtesy we will submit the secondary claim for you once the primary insurance has paid, along with a copy of the Explanation of Benefits. Your secondary plan will reimburse the patient directly, and Smiles By Hazen, PA will not be held responsible or accountable for the follow up of any secondary claims or payments.
- If for any reason your treatment plan changes based on dental necessity, you will be notified immediately of the change, and a new treatment plan will need to be signed. Sometimes unforeseen things can occur, however you will be informed immediately.

### **PAYMENT OPTIONS:**

- Cash
- Credit Cards: Visa, Mastercard, Amex, Discover
- Checks (\$50 fee on any Returned Checks)
- Care Credit/HSA Card/More Healthcare Credit Card/Denefits
- Care Credit, Terms are set by the office, and can be subject to change:
  - 6 Month Interest Free for charges over \$500
  - 12 Month Interest Free for charges over \$1000
  - You may use the interest option on any charge
- **All Past Due Balances on account will be collected at Check In**
- Patient co-pays or patient payments will be collected at Check In
- Orthodontic Patients: Auto payments in office Each Month as specified in your orthodontic contract.

- Current Credit Card Must be on File AT ALL TIMES. No Payment will result in No Appointment

**BALANCES:**

- Smiles By Hazen, PA files all claims the day the service is rendered. However, if the insurance does not pay on your account within 60 Days, the patient is responsible for the unpaid balance. If the insurance pays after you have, you will be refunded the difference if there are no balances on account.
- Patient's always have the right to follow up on unpaid dental claims with their insurance company at any time, and usually are able to have more effective communication with the carrier. We strongly encourage the patient to contact the dental carrier with any concerns pertaining to the dental plan.
- Once the claim has been paid, you will be mailed a statement if there is a balance. After 90 days the account may be placed for Collections if the balance is unpaid.
- You have the option to provide your Credit Card information to keep on file for any unpaid portion of your dental claim.
- Credit Card Type: \_\_\_\_\_ CC#: \_\_\_\_\_
  - Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_
  - Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_
  - If you choose this option, you are authorizing Smiles By Hazen, PA to charge any unpaid balance on the account to your credit card.
- Please keep the office Updated with any changes in your Dental Insurance Coverage as soon as you become aware. Provide the office with a copy of your new insurance card as soon as you receive it so that we can quickly update your account.
- **When using Care Credit as a form of payment, you MUST be on the account as an authorized user, and present with 2 Forms of Identification, as requested by Care Credit.** If you do not have 2 Forms of Payment, we will not be able to process the payment. If the account belongs to a spouse, the spouse MUST BE PRESENT with 2 forms of ID. We encourage the card holder to contact Care Credit to add you as an authorized user if you wish to use the card without the card holder present.
- Yearly you will be asked to provide a copy of your Driver's License along with Your Insurance Card so that we keep our records up to date. Please have this information available.
- If you have a change in address, phone number, email address, name or insurance, you are asked to provide us the information immediately. Dental claims may be denied if submitted with outdated information.
- **Some Dental Plans will apply your Deductible to the first visit.** Most deductibles range from \$25-\$150.
- If you need to change a scheduled dental appointment, Dr. Hazen asks that you provide the office with 2 Business Days notice. **A fee of \$35 for each missed appointment will be applied to your account otherwise.**

**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.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient/Guardian: \_\_\_\_\_