

PATIENT INFORMATION ON TREATMENT ESTIMATES

Treatment Plan Estimates

We are committed to providing all patients with exceptional service and care. At your dental visit, we can prepare a Treatment Plan Estimate so that you can understand the estimated costs of your recommended treatment prior to its start. The Treatment Plan Estimate is a good-faith attempt to predict the cost of your treatment based on the facts known to Timothy Simpson DDS when the estimate is made. As you go through your treatment, Dr. Simpson may determine that you need additional or different treatment as a result of changing conditions in the oral cavity. As a result, your financial responsibility may change.

If you have dental benefits, we will have some basic information from you that might help us to more accurately prepare your treatment estimate. However, it is important for you to understand that the information provided by your insurance company is just basic information and can be limited. It does not take into consideration if you are eligible for specific treatment and your benefits may be **more or less than** estimated. In all cases, you are responsible for amounts not covered by your benefits.

It is always beneficial for a patient to be familiar with their benefits. You may have a booklet that outlines your benefits or you can call your plan administrator with specific questions.

Predetermination of Insurance Benefits

When dental benefits exist, you do have the option to have us file a Predetermination of Benefits. We can do this before any treatment is started, or you may decide to begin some treatment and have a predetermination filed later for a specific procedure. Either way, a Predetermination of Benefits gives us an option to find out in advance of treatment what procedures may be covered by your plan and the amount they may pay on those procedures. This helps us to more accurately determine your financial responsibility. For example, if your treatment includes extensive services, such as crowns, bridges, or periodontal treatment, it may be advisable to file a predetermination so you can budget for the services needed.

It should be emphasized that a Predetermination of Benefits is still not an absolute guarantee of coverage. It is based on the data the insurer has at the time it is sent in and because conditions in the mouth change constantly, your treatment needs can change, thus changing coverage. There is also a maximum allowable per year that the insurer will pay towards treatment, and once that maximum has been reached, the insurer will not pay any more towards treatment needed, even when you have procedures that shouldn't wait to be done. A Predetermination also does not consider if you have used benefits in a different office, which would lower available benefits. In addition, the insurer may also have the opinion that you should have alternative treatment and not allow full benefits for treatment.

It usually takes from four to six weeks to receive information back from the insurer. If you would like to request a Predetermination of Benefits, please inform the Office Manager.

Payment Policy

Our goal is for you to be able to get the treatment you need. At the same time, we also want you to be aware of all fees associated with your needed treatment; therefore, we will always make sure that you are informed of what your patient portion will be before we begin treatment. Our payment policy is as follows:

Patients are always responsible for payment in full of their estimated portion when the services are rendered.

Patients are always responsible for amounts NOT covered by insurance, even when there is an expected benefit.

There are several methods of payment accepted: Mastercard, Visa, Discover, personal check and cash. We also have a third-party payment plan that will allow a patient to pay monthly upon approval.

Patients may also elect to pay for an extensive treatment plan in advance.

We can also setup a prepayment plan that allows a you to monthly pay for their treatment ahead of time so that once your patient portion is covered we will begin treatment.

In summary, we have many payment options to choose from and we will try our hardest to work with you to make sure that you are able to get necessary dental treatment.

Refund Policy

If you end up with a credit on your account, have covered all your co-pays, and all claims have been closed, we can reimburse your credit through the original form of payment, except that cash payments will be refunded by check. If we are issuing a refund by check, we ask that you come to pick it up and sign upon receiving as mail can be unreliable and there is a "stop payment" fee associated with any check that has to be reissued as a result of lost mail.

If you have used a credit card, including a third-party form of payment, we will credit the amount back to the account that was used. You may have to contact the third party regarding their refund policy time period.

Patients with Dental Benefits

If you have dental benefits, you agree to our **Payment Policy** and that your financial responsibility remains whether your insurer pays benefits or not. We do accept third party payments from most insurers with you covering any co-payments at the time of service. If your benefit limits are exceeded, you will be responsible for any additional fees. If there is a "fee schedule" involved, and you have exceeded your benefits for the year, our regular fees will apply to any treatment until a new benefit year begins.

Insurance payments ordinarily are received within 30 to 60 days from the time of receiving a claim. If your insurance company has not made payment to our office **within 60 days**, you will be asked to pay the balance due. If and when the insurance sends payment, you will be reimbursed.

Cancellation of Treatment and Interrupted Services Fees

Patients needing any type of treatment such as crowns, bridges, implants, or removable prosthetics, may elect to cancel treatment before any natural teeth are prepped, removed, or altered for prosthetics without additional fees being charged. However, once any impressions, tooth preparation, tooth removal, or any lab processes are begun, patients are liable for the full cost of services even if they choose not to complete treatment. This includes **not** having the permanent restoration or removable appliance placed.

I have read and understand Patient Information on Treatment Estimates:

Patient Name or responsible party

Date

Office Representative

Date

