

# P.D.A. Financial Policy and Insurance

## Financial Policy

**Welcome!** Thank you for selecting Putnam Dental Associates as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy. All of our doctors will diagnose treatment based on your dental health not your insurance coverage

**For your convenience, we accept Cash, Checks, Visa, MasterCard, Discover & American Express.** We also offer **Care Credit**, an independent financing company, for patients interested in financing treatment.

Patients and/or their account holders are financially responsible for payment of all services rendered. Our office policy requires payment at the time of service unless other arrangements have been determined in advance of treatment date.

Except for Cigna PPO, Putnam Dental Associates is an out-of-network provider. This means that there may be a difference in the amount your insurance will pay when compared to an in network provider. Our office will be more than happy to assist in sending a pre-determination to your insurance carrier to help determine your available benefits and out of pocket cost.

As a courtesy, for patients with dental insurance, our office will file any applicable dental insurance claims for you and your dependent(s). Our office will request assignment of benefits from your carrier, unless otherwise determined. When treatment is provided, patients will be asked to pay an estimated amount towards their share of cost. It is important that patients understand that our office cannot provide the exact amount of any benefits payable by any insurance carrier. We highly recommend and in some cases will require a Pre-Treatment Estimate be submitted on your behalf to your insurance carrier prior to treatment, as this is the best way to know for certain what benefits your policy covers and the resulting cost to you. **Patients are financially responsible for any and all amounts not paid by their insurance company.** In the case that your insurance company should pay more than estimated, resulting in a credit balance, you will be promptly reimbursed.

# Insurance

Your dental insurance plan is a form of compensation provided by your employer. Dental insurance is meant to be a supplemental benefit to the total cost of treatment. **Insurance Information:** As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will help you to receive your maximum allowable benefits. In order to do this we need your insurance card and/or insurance policy with you on your first visit of every calendar year (your insurance year may not run January – December).

**The benefit portion that an insurance company will pay varies widely, and is determined by the contract agreed upon between your employer and the insurance company.** Our office has many years of experience working with dental insurance companies and will work hard to submit all needed documentation to help you get the most from your dental plan.

While Putnam Dental Associates is not an in-network provider on any dental plans, and has no contractual arrangement with your dental insurance company, our patients come to us out-of-network with their PPO dental insurance plans because they love the quality of care and the professional service that we provide our patients. We will work to help you maximize the dental benefits that you are entitled to when seeking care out of your dental network. If you have a DMO type dental plan, your insurance company will not pay any benefits on your behalf unless you receive dental care from a dentist listed in your network.

**Dental insurance carriers use their own fee schedules** when determining the percentages that they will pay out as benefits. It is important to understand that when an insurance company says they pay 100%, or 80%, or 50% for certain services, **the benefit they pay will be based on their fee schedule, and will not always be the same fee charged by a service provider.** The difference in the fee charged by the dentist and the benefit paid by your insurance company is the patient's financial responsibility or share of cost. **Our fee schedule is within the normal limits of a quality oriented dental practice in our area.**

Insurance companies do not guarantee payment on claims. We do our very best to calculate the probable amounts on insurance reimbursements with the information provided by you and your carrier. However, all figures quoted are purely estimates and are not intended to be represented as definite. **The best way to get a clear idea of your insurance company's fee schedule is to have our office submit a Pre-treatment Estimate on your behalf to your dental carrier.**

**At all times, you can be confident that we will provide you with the best possible dental care. We do not base your well-being and dental health on the often arbitrary confinements of your dental insurance coverage.** We believe that choices about your dental treatment care options should not be dictated to you by your dental insurance company. **These choices should be made by you with the guidance and expertise of your dental care provider. Remember our goal is to provide for you the best quality treatment options for your needs.** We believe that you should see your dental insurance plan as supplemental to any dental expenses and not the determinant factor in directing your dental care choices.

# INSURANCE INFORMATION

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Name of Ins. Company: \_\_\_\_\_

Group #: \_\_\_\_\_

ID #: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Date of Birth of Patient: : \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # of Patient: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of *Primary Insurance Holder*: \_\_\_\_\_

Date of Birth of *Primary Insurance Holder*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # of *Primary Insurance Holder*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please indicate your understanding and acceptance of the above stated information pertaining to Insurance by signing below.

I certify that the above information is True, Accurate and Complete. I understand it's my responsibility to inform Putnam Dental Associates of any changes to my Name, Address, Contact information and any and all Insurance Information.

\_\_\_\_\_

**Patient's Name (please print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_

**Patient's Signature**  
*(Parent/Guardian if Patient is a minor)*

## Financial Agreement

**Patients are expected to pay for our services at the time they are rendered.** Payments may be made using Cash, Check, Visa, MasterCard, Discover and American Express. We also offer CARECREDIT, which is a financing option available only for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance. A finance charge of 1.5% per month (Annual Rate of 18%) on the unpaid balance will be added monthly. Minimum Charge: 75 cents. Any and all outstanding balances with non payments after 45 days will be transferred over to a Collection Agency, this could potentially affect your credit

Optional payment terms:

**Family Savings Plan:** Please inquire with the Front Desk. Cash/ Check or Credit Card Only. Care Credit cannot be used as a form of payment.

**Full pay cash/check discount:** We offer a 8% (payment in Cash) or 5% (payment w/Credit Card) accounting courtesy for all that are paid in full by Cash or Check, one week prior to the commencement of services.

**Care Credit:** CARECREDIT offers patients an interest-free term loan (up to 12 months) with no annual fee and no prepayment penalty. Please ask us for an application.

**Sedation Appts:** Sedation appointments must be paid in full one week prior to the scheduled treatment. (*Discounts do not apply*)

**Specialist Appts:** Appointments scheduled with a Specialist, must be paid in full one week prior to the scheduled appointment. (*Discounts do not apply*)

**Invisalign:** \$2000 is due as the down payment at time of the appointment. The balance is divided into 11 monthly charges to be charged on the 17<sup>th</sup> of the month until balance is paid in full.

**Senior Citizen Discount:** This discount is automatically incorporated into all fees for any patient over the age of 65.

**\*\*Please Note\*\*** DOUBLE DISCOUNTS such as VIP & SENIOR DISCOUNTS do not apply

### **Returned Checks:**

A **\$25 fee** will be charged for returned checks.

***\*In order to receive any of these discounts, your payment must be made at least one week prior to your appointment. Only one discount is allowed per service.***

# Appointments

**Missed Appointments:** In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 48 hours notice for any cancelled appointment. There will be a \$35-\$50 charge for missed appointments or for failing to cancel **48 hours in advance**. This charge is the patient's responsibility and is not covered by insurance.

**Late Arrivals:** If you are late arriving for your appointment, we will make every attempt to serve your needs, as time allows and being respectful of previously-scheduled appointments. You may be given the option to wait or invited to reschedule to a time that is more convenient for you.

Please indicate your understanding and acceptance of our Financial Policy & Insurance 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. If you have any questions regarding our financial policy, please do not hesitate to ask or contact our office @ (845) 279-3720.

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**Patient's Name (please print)**

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**Patient's Signature**

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**Date**