

Financial Policy & Dental Insurance

Welcome to Perimeter Dental Group. We are committed to providing you with the best possible care. If you have dental insurance, we will help you receive your maximum allowable benefits. In order to do this, we need your assistance, and your understanding of our financial policy. We will be happy to process your insurance claim. **If there are any changes in your employment or insurance carrier please notify us immediately so we may update our records.**

We will gladly discuss your proposed treatment and answer any questions you may have relating to the cost of the treatment and insurance coverage. You MUST realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are NOT a party to that.
2. Insurance companies gather random fees for the regions and make a determination of what an "average" fee is for each procedure. This applies to plans paying a percentage (such as 50% or 80%) of "UCR". "UCR" is defined as usual, reasonable, and customary fees for this region. Our fees are generally considered to fall within the acceptable range by most insurance companies and therefore are covered up to the maximum allowance determined by each individual carrier. There remains the possibility that some of our fees are considered slightly above average by some insurance companies, however our workmanship, dental materials, and sterilization techniques are also "above average". Please understand, however, our calculations are strictly ESTIMATES and are no guarantee that your insurance company will reimburse us/you according to these estimates.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Since there are hundreds of dental plans and they vary widely in coverage levels, frequency limitations, deductibles, and maximums, etc., we ask that you be responsible for familiarizing yourself with your particular coverage.
4. Cosmetic services are not covered by most insurance companies and payment for these services are due in full when they are rendered.
5. Any difference in payment from your insurance company and your account balance is your responsibility.
6. Payment for services is due at the time services are rendered.

We emphasize that as dental care providers, our relationship is with you, NOT your insurance company. While the filing of insurance claims is a courtesy that we extend to all our patients, all charges are your responsibility from the date the services are rendered. If difficulty arises with payment from the insurance company we will ask you to contact your carrier to rectify the problem. All expected insurance balances remaining unpaid after 60 days from the date of service becomes the immediate responsibility of the patient and/or account holder.

Returned checks and balances older than 30 days will be subject to an additional billing fee. Balances older than 90 days are subject to additional collection fees and interest charges of 5% per month. **A charge of \$50.00 may also be made for broken appointments and appointments cancelled without 24 hours advance notice.** Any attorney or collection fees incurred due to delinquency in payment will also be charges to the patient.

If you have any questions at any time please ask them. By signing below you agree to the terms set forth in the above mentioned.

Print Name: _____

Sign Name: _____

Date: _____