

Financial, Treatment Policy and Consent

THANK YOU for being here. We appreciate you trusting us with your dental care and we are excited to have you apart of our family here at Shipley and Tewell Dental. To prevent any misunderstanding and to better serve you, we ask that all patients read and sign our financial and treatment policy. If you have any questions please ask to speak with one of us.

- We are in network with numerous insurance plans. We will verify your insurance eligibility and will file claims on your behalf.
- Please notify us of any changes in your insurance coverage as soon as possible. Failure to provide correct and current insurance information may result in the entire bill being your own responsibility.
- You are responsible for knowing what your plan covers or does not cover and if there are any waiting periods for work to be performed.
- Insurance companies state that coverage is only an estimation of benefits. After your insurance has processed the claim, **Balances are due immediately upon receipt of a bill from this office.** If you disagree with the amounts due per your EOB, it is not only your responsibility to contact the insurance carrier immediately for resolution of the problem, but also to pay any balances due to this office at that time pending the resolution of the problem with the insurance company.
- Statements are mailed out on a monthly basis as needed. You can remit payment by mail, over the phone or in person. Contact our office immediately if you have questions about a bill.
- If your insurance carrier denies coverage or delays payment beyond 60 days from the claim filing date, the entire amount will become due and payable by you. Although we make EVERY effort to help you obtain full benefits, there are many variables we can neither anticipate nor control.
- We never treat or recommend treatment based on insurance coverage, rather the needs for each patient and what is best for them. If your insurance carrier decides to not cover a procedure, it will be your responsibility to pay the claim.
- When you have dental insurance, we still will ask for payment of your “estimated” out of pocket portion after each appointment.
- Appointments for major services are subject to a \$100 down payment to reserve appointment. Payment will go towards your treatment cost and credited to your account in the event insurance payments cover treatment in full.
- When you do not have dental insurance we ask that you pay for your dental services in full at the end of each appointment

- We accept cash, check and all major credit cards
- We do not offer in house financing but do offer CareCredit. CareCredit is a third party financing service that allows you to pay over time. For more information, please inquire with the front office.
- Our office makes it a point of calling each patient at least 1 day prior to their appointment. For longer appointments we will call you 2-3 day in advance. This is a confirmation call that we need you to respond to ASAP. We are an extremely busy office and each appointment is valuable.
- If you do not show up for your scheduled appointment a \$50 no show fee will be charged to your account.
- Balances that exceed 90 days after initial statement is sent will be sent to a collection agency. In order to be seen again in this office all balances must be paid in full.
- Changes in address or telephone numbers should be provided immediately as soon as change occurs. You understand that if the office cannot contact you via telephone or mail about appointments or balances then cancelation fees may incur, and your account could be handed over to collections.
- We do not use silver fillings in this office. If your insurance company changes any procedure done in this office to a silver filling code, you are responsible for the difference in price.
- We take all necessary radiographs for diagnosis by our doctors and to adhere to the standard of care. This office is not responsible if your insurance carrier denies a radiograph for any reason. Payment will be expected on statement.
- We do cosmetic procedures regularly in the office. Ultimately, most of these procedures are not covered by your insurance carrier. You will be responsible for the balance of treatment if they deem treatment “not necessary” and deny the claim.
- By signing this agreement you (and dependents) assign directly to this dental office all insurance benefits, otherwise payable to you as service rendered. This signature also gives us authorization to release all information necessary to secure payment of benefits.
- By signing you are providing consent for all basic treatments. If you have an objection to any basic treatments please notify us.

Printed Name: X _____

Signature: X _____

