



CAPITOL DENTAL ASSOCIATES

Financial Policy

THANK YOU FOR CHOOSING US AS YOUR DENTAL HEALTHCARE PROVIDER

Capitol Dental Associates are dedicated to serving your dental needs with the best professional advice, care, and service obtainable. Please understand that payment of your bills is considered a part of your treatment, the following statement of our financial policy, which we require you to read and sign prior to any treatment. We are glad that you are here and we want to do our best for you. We sincerely hope that your visit will be pleasant and a rewarding experience. If you have any questions during your dental exam, please feel free to ask.

Primary Insurance and Patient Responsibility

When presented with a treatment plan there will be 3 columns:

- Fees
- Estimated Insurance Fees
- Patient Responsibility

You will be required to pay 50% at the time of scheduling and the remaining 50% at the end of your treatment.

Self Pay Patients

Full payment is due at the time of service. We accept Cash, Checks, MasterCard, VISA, Discover, and American Express.

Insurance Plans Including PPO AND OUT OF NETWORK:

In order for us to file your insurance claim, we must have a copy of your current insurance card. If you have an insurance plan that we are not providers for, full payment is due at the time of service. We will gladly give you a claim form at the end of your appointment so that you may file your insurance as a courtesy; however full payment is due at the time of service.

If you have an insurance plan that we are providers for, you are responsible for all co-pays, cost-shares, and deductibles, for unpaid claims over 60 days, full payment is due at this time. Filing insurance claims is a service we provide free of charge, but in no way relieves you from the responsibility of your bill.

It is your responsibility to know your insurance policy rules and benefits. PLEASE NOTE: We file claims to many different insurance companies, and it is virtually impossible for us to know your individual policies. Please be aware that some, and perhaps all, of the series provided may be considered by your insurance company to be non-covered service recommended to you if you think they are non-covered services or not payable by our insurance company. We will not become involved in disputes between you and your insurance company regarding non-covered charges, diagnoses, co-pays, cost-shares, or deductibles. Please refrain from asking our office to change a diagnosis or procedure code in order for the visit to be covered by your insurance company. It is your responsibility to let us know of any insurance changes in a timely manner. Please do not assume that we know that your insurance has changed.

Worker's Compensation

We do not file worker's compensation claims. Full payment is due at the time of service. We will however, give you a claim form at the end of your visit so that you can file the claim to receive payment.

*****CONTINUED ON REVERSE*****

Unaccompanied Minors

We do not treat minors under the age of 18 years old, unless prior consent is obtained by the parents (or guardians) to whom may accompany that minor other than the legal parent or guardian, this person or persons must be of 18 years of age or older with written consent. Non-Emergency treatment will be denied unless charges have been pre-authorized to an approved credit card and/or paid any cash or check at the time of services.

Miscellaneous Services

If in the future you should need copies of your records and/or x-rays, we do charge a fee for these services. It takes our office 7 to 14 days in order to process a request, so please plan ahead.

Broken Appointments

We require 24-48 hours notice prior if there is a situation where you need to reschedule or cancel any appointments. If no notice is given there will be a \$25.00 fee charged towards your account.

Insufficient Funds

Non-sufficient Fund returned check fee is \$35.00. All outstanding accounts will be turned over to a collection agency within 60 days of the collection notification.

I understand and agree to this financial policy I have read the financial policy and agree that a photocopy of this financial policy shall be considered as effective and valid as the original. Regardless if what insurance coverage I have, I am ultimately responsible for a timely payment of my account and I hereby authorize the payment of insurance benefits to be made directly to Dr. Larosiliere.

Refunds/Over Payments Made by Patient or Policy Holder

Patients who are required to place a deposit for a treatment plan and desire to no longer have treatment rendered may receive a refund, however any open claim(s) must be paid by your insurance company and then we are able to issue a refund. If you have made a payment for treatment to be completed and later find out that you have paid more than expected, we can issue a refund once your insurance company has paid on the claim(s). Once we have received the explanation of benefits form from your insurance company we can issue a refund.

Please understand that refunds will be refunded once your account has been reviewed by our accounts receivable manager. If you have paid by credit card, you will receive a refund by credit card; if you paid by cash or check, you will be issued a check.

Thank you for understanding our financial policy. Please let us know today if you have any questions.

Print: _____

Signature: _____

Date: _____