

F E E S , P A Y M E N T S A N D I N S U R A N C E

We can provide you with a written time and cost estimate for your dental treatment. We will be happy to review your proposed treatment or our office payment policies. For your convenience we do offer a charging service through Mastercard, Visa, American Express, and Discover. In addition, we have 3rd party financing bearing no/low interest. The funding plan must be pre-approved. Applications are available at the reception desk.

IF YOU ARE COVERED BY INSURANCE:

After your initial consultation and treatment planning appointment our Insurance Coordinator will contact your insurance company to determine your insurance benefits for you. Your payment for periodontal treatment will be based on an estimate of what your insurance will cover. The amount not covered by your insurance will be due on the day treatment is performed.

Following payment from the insurance company, we will quickly send a refund to you if there is an overpayment. On the other hand, if there is a debit, the balance is due in full at that time.

If we receive a pre-treatment estimate reply prior to initiating treatment, only the remaining balance, is due from the patient on the day of treatment. If for some reason, the insurance company fails to pay the amount identified in their pre-treatment reply, the balance is due by the patient at that time.

IF YOU ARE NOT COVERED BY INSURANCE:

We require payment in full on the day of your treatment - either by check, cash or one of the methods listed above.

IF YOU ARE HAVING IMPLANT SURGERY:

We require 100% of the total amount to be paid on the day the implants are placed. If you carry dental insurance, we will gladly file your insurance for reimbursement of any benefits you may have. We suggest you do not depend on your insurance company for payment of dental implants; only a very limited number of insurance companies cover implant surgery and restorations at this time.

Please understand that we prefer to file insurance claims for you. We process your paper work (using universal insurance forms). We try our best to work as efficiently and rapidly as possible. There are several companies that often delay their reply for whatever reason, or often ask for additional information or clarification. These requests can delay pre-treatment replies and/or payment. Despite insurance delays, all charges are your responsibility from the date the services are performed.

Some insurance carriers set fees which are below our rates. The insurance carrier rates are based on the quality and amount of coverage contracted with your employer. You are still obligated for the full charge.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF DENTAL TREATMENT.

Patient's signature or parent, if minor

I AUTHORIZE RELEASE OF INFORMATION NECESSARY TO PROCESS MY DENTAL INSURANCE CLAIMS. I HEREBY AUTHORIZE PAYMENT DIRECTLY TO DR. JODY HARRISON OF THE GROUP INSURANCE BENEFITS OTHERWISE AVAILABLE TO ME.

Patient's signature or parent, if minor

