

Financial Policy of Arnold Tracht, DDS & Daniel Briskie, DDS PC

Our goal is to provide your children with excellent oral healthcare and positive experience. We also want to establish and maintain a pleasant, professional working relationship with you. Thus, please take a few moments to review the following information.

- **Payment is expected at the time services are rendered**
- **Payment Options: Cash, check, credit card (MC/Visa/Discover), or pre-arranged healthcare financing**
- **Our fees are considered usual and customary for this area. They are not set by an insurance company's view of usual and customary**
- **In a divorce situation, *the adult bringing the child is responsible for payment at the time services are rendered***

Dental Insurance:

The ultimate financial relationship is between our office and you, not our office and your insurance company. If you have dental insurance, we will bill your company directly as a courtesy to you. To do this correctly and promptly, we need the most current and accurate information, including verification of coverage and proper identity. Your understanding during this process is appreciated.

Prior to your first visit, our staff will contact your insurance company to determine as best as possible: effective dates, benefits, deductibles, yearly maximums, co-pay %'s, and any other important information which will allow you to receive the maximum allowable benefit. We then **estimate** any costs not covered by your insurance and expect these costs to be paid at the time of service. **We cannot guarantee payment of benefits by your insurance company** as initially reported to us. Therefore, we will bill you for any additional costs after the processing of insurance claims. ***It is ultimately your responsibility to know any special terms, deductibles and/or copays for your insurance.***

Once the carrier is billed for services rendered, we will allow 60 days to receive payment. If no payment is received after 60 days, the insurance balance will become your responsibility.

To most accurately determine what is covered by your insurance, you may request a "Predetermination" (or sometimes called "Pre-estimate") before any treatment is started. Our staff can assist you.

Parent/Guardian Responsibilities:

- Payment of all fees, including deductibles, co-pays, and any services not covered by your insurance at the time of service
- Any balances resulting from insurance company rejections or underpayments
- If your check is returned for non-sufficient funds, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions

I have read and agree to follow the policies and my responsibilities as outlined above.

Signature of Responsible Party

Date

Thank you for your understanding and cooperation with these matters.