

# David J. Felgenhauer, DDS

Practice Limited to Oral and Maxillofacial Surgery

## Office Financial Policy

### To All of Our Patients,

This office is committed to providing excellent dental care and the finest service possible for all patients. Good communication concerning dental problems, treatment procedures, and fees is important in all aspects of treatment and service. If, at any time, you have any questions regarding treatment, services, or status of your account, please contact the office.

### Please read and sign the following:

I accept full responsibility for all fees and charges incurred for services performed and supervised by Dr. Felgenhauer and his staff. All fees are due and payment must be made on the date of service.

Payment can be made with cash, check, or credit card. A copy of your valid drivers license or state ID is required. We accept MasterCard, Visa, Discover, and American Express cards. A fee for all returned checks will be charged in compliance of all state and local laws and payment must be made with a credit card, money order, or cash only.

I understand that there is a charge for failed appointments without 24 hour notice. Please remember that this time has been reserved just for you. Broken appointments affects other patients who also need treatment.

If copies of your records or X-rays are required by you, another dentist/physician, or insurance company there will be a charge for this added to your statement. In the event that you wish to have your records transferred to another dental office, all unpaid balances must be paid in full prior to receiving copies.

Interest of 1.5% will be charged on any account 60 days past due.

I understand that I am responsible for any reasonable fees, expenses, or costs related to the collection of any unpaid balance, including but not limited to late charges, interest, referral costs, and commissions paid to attorneys or collection agencies.

### **INSURANCE CLAIMS**

Dental insurance is playing a greater role in helping people obtain better dental care. There are many plans available to employers. It is impossible to keep track of all plans and their individual terms. This office staff will be happy to help if you have questions regarding your plan. Please remember...YOU are responsible for all fees...the insurance is YOURS...it is YOUR responsibility to follow up on insurance

payment.

Many plans tell their clients that they will be covered at 80% to 100% of dental expenses. In spite of what you are told, the majority of plans only cover about 40% or less of the average fees. Some insurance companies explain this difference by saying that the "fees are above usual and customary" or "fees charged exceeds the plan benefit". This sounds better to the company than does "our reimbursement is too low". The fees charged in this office reflect a fair representation for the service performed. Remember, your insurance benefit is limited by what your employer pays for the plan. If your plan seems inadequate, tell your employer. This office has no authority to change the plan benefits.

Understanding these facts then you must be aware:

That your insurance policy may not cover all of the charges for dental services. It is your responsibility to call the company to verify coverage. You are responsible for any balance NOT covered by insurance.

All copayments for managed care plans must be paid at the time of service - no exceptions.

It is the patient's (or Guardian's) responsibility to fill out insurance forms. If you have insurance coverage and all information to process the forms, then we will be happy to fill these forms out and mail them one time after treatment is performed. If additional forms are requested by the insurance company (ie. they lost or did not receive the claim) then a charge for this may be added to your statement.

A deposit is required that is 1/3 (one third) of the total estimated balance and the insurance payment must be assigned to this office. If you do not wish to place a deposit, a pre approval can be sent that will outline your total out of pocket fees. This total must be paid at the time of service instead of the deposit. Please understand that the preauthorization **MUST** be in writing from the insurance company. Phone confirmation of benefits is not an acceptable preauthorization. If the insurance company payment exceeds the total charges minus your deposit, a refund check will be issued as soon as possible. Unless specified in writing, all reimbursements will be issued to the account guarantor. If the insurance payment minus your deposit does not cover all charges, payment will be expected on receipt of the statement reflecting a balance due.

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Patient (Guardian or guarantor of account)

Date