

It is our pleasure to be able to provide you with the best possible care. In order for Dr. Miller and our staff to meet your needs, we request your cooperation. The following is a statement of our Financial Policy: **we require that you read and sign prior to initial treatment/consultation.**

CANCELLATION / MISSED APPOINTMENT POLICY

Here at our office we try to accommodate every patient's need for appointment dates and times. Therefore, we consider every appointment made to be confirmed, and any reminder calls to be a courtesy. We reserve the right to charge \$25.00 per one half hour for every appointment failed to show or canceled with less than a 24 hour notice, which is considered a broken appointment. Cancellation must be made during business hours, 24 hours prior to scheduled appointment. Chronic cancellations with proper notice can also be charged at the Doctor's discretion. Multifamily member appointments will be charged for every failed to show appointment and cancellations made with less than 24 hours notice.

FINANCIAL POLICY

NON-PARTICIPATING INSURANCE PLANS- These companies will send payments only to the insured. Our policy is to accept payment for services on the day they are provided. We will process the claim for the patient as a courtesy; however, the insurance company then reimburses the patient.

PARTICIPATING INSURANCE PLANS- As a courtesy to our patients, insurance forms will be filed by our office. We **MUST** emphasize that, as care providers, our relationship is with the patient, not the insurance company. If we do not receive payment from your insurance carrier within 60 days, payment becomes the responsibility of the patient.

Legal and Workers Compensation Claims – A liability action against someone (auto accident, workers comp, etc) is not a reason for delaying payment of your bill. Payment of the bill is the responsibility of the individual who has received treatment, not the individual being sued. For this reason, in addition to the fact that lawsuits are often delayed, we ask that our bill be paid promptly.

Minor Patients Under 18 Years Of Age- The parent or guardian accompanying a minor child is the responsibility for full payment. In divorce cases, the parent who brings the child in for the services is ultimately the responsible party.

Dependent Children Over 18 years of Age- Children 18 or older are considered adults by law; he or she is responsible for the bill payment and entitled to confidentiality of medical information. Regardless of the child attending college, living at home, being covered by the parent's insurance, or if a parent pays the bill, this office is legally prohibited from releasing medical information to a parent without the child's permission.

I have received, read, understand and agree to the above Financial Policy. I understand my signature confirms my understanding of my responsibility for all noncovered services.

I agree and understand that I am ultimately responsible for payment for any professional services rendered by Quiet Valley Dental. I certify that the information given is true and correct to the best of my knowledge and I will notify you if any changes occur in the information I have given. I will receive a copy of this policy for my records, if I request one.

FINANCIAL POLICY

OVERDUE OR BAD DEBTS- If a problem develops that makes it financially difficult for a patient to pay his balance, it is always best to contact the office to set up an agreeable financial arrangement. In most cases, bad debts could have been avoided by a simple telephone call. Delay in payment is often misinterpreted as ignoring the bill.

Please do not assume that Quiet Valley Dental is required to await payment from you or your insurance company for services provided. We may ask for your help if your insurance is delaying payment. All insurance companies are given up to 45 days to process and pay the claim.

Since fees are being decreased each year and malpractice premiums are rising we are forced to keep our costs down and in doing this, billing practices have become strict. Those claims not paid after 120 days will be subject to placement with a collection agency. An additional Surcharge up to 40% may be added to the outstanding balance for collection costs incurred by their service. Once the account is placed with a collection agency it cannot be revoked.

If our office must write off your balance as a bad debt due to nonpayment, a 1099 will be issued to you, the patient, with a copy to the IRS. According to the law and IRS Regulation Code Sections 6041-6050N, any debt we forgive is taxable income to you. The 1099 MISC will be issued to you in January of the following year, but may be issued up to our filing date of April 15. You must declare this amount as income and pay tax on

it. Likewise, any insurance payment received by you that was intended as payment to the dentist is considered taxable income. If you keep the insurance check and do not forward to the dentist, this is considered insurance fraud, which is a federal crime.

In any situation, this office gives fair notice. We send four statements prior to sending the account to collection. Every effort is made to avoid the cost of having to mail statements. Statements are mailed monthly to those patients with balances due and payment is due upon receipt. Balances past due are subject to an additional 10% monthly billing fee.

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FINANCIAL POLICY AGREEMENT

Thank you for choosing Quiet Valley Dental. The following is a statement of our financial policy that we ask you to read, sign and then return to the office.

In insurance assigned cases, the Dentist agrees to accept the charge determination as full charge. The patient is responsible only for co-pays, deductible, coinsurance, and non-covered services, which are based upon the charge, determined by the carriers.

I understand my signature confirms my understanding that I will be responsible for all fees for services considered non-covered by my insurance company.

We accept cash, Mastercard, Visa, American Express, Discover, and Care Credit. No personal checks will be accepted.

If your account is sent to collection, you will be responsible for the outstanding balance, all collection fees and attorney fees.

I UNDERSTAND MY SIGNATURE CONFIRMS MY UNDERSTANDING OF MY RESPONSIBILITY FOR ALL NON-COVERED SERVICES.

I AGREE AND UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR PAYMENT FOR ANY PROFESSIONAL SERVICES RENDERED BY CHESTNUTHILL DENTAL. I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I WILL NOTIFY YOU IF ANY CHANGES OCCUR IN THE INFORMATION I HAVE GIVEN.

I have received, read and understand the above Financial Policy. I will receive a copy of this policy for my records, if I request one.