

TIMOTHY P. THOMAS, D.D.S., P.C.
TREATMENT AND FINANCIAL POLICY

Thank you for choosing our office for your family's dental needs. Please use this outline to educate yourself on the business policies of our office. They are intended to allow us to be more efficient and fair to all our patients.

FINANCIAL ARRANGEMENTS

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INITIAL 1. PAYMENT IN FULL DATE OF SERVICE
NONBILLING COURTESY of 5% is possible if **PAYMENT IN FULL IS MADE ON THE DAY TREATMENT IS STARTED**. Courtesy applies to any personal responsibility over \$400. Cash or checks only. Bank cards do not apply.
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INITIAL 2. MasterCard or Visa is accepted. NOTE: 5% nonbilling courtesy does not apply.
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INITIAL 3. 1/3 DOWN OF THE TOTAL FEE TO SCHEDULE procedure, 1/3 down at start of procedure, 1/3 PAID IN FULL ON THE DAY OF COMPLETION of treatment. NOTE: 5% nonbilling courtesy does not apply. Requires bank card or check authorization.
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INITIAL 4. External financing. Patient is responsible for all fees/charges. No discounts apply.

APPOINTMENTS

Please be on time for your appointments. This time was arranged and/or requested by you. We have exclusively reserved the doctor, staff and facility for your personal dental care. If changes are required, we request 48 business hours notice so we may efficiently re-utilize the time with the doctor and/or hygienist. Broken appointments with the dentist and/or hygienist without sufficient notice could result in a mandatory bank card prepayment prior to rescheduling.

FEES

The fees for dental treatment are based on the treatment rendered and the time required for accomplishment. We believe our fees are a fair representation of the standard of care delivered.

INSURANCE

We are pleased that you have dental insurance. Your dental benefits will assist in obtaining an improved level of dental oral health. For your convenience, we will bill your dental insurance company for treatment rendered, provided we have current and accurate benefit coverage information. You must realize however, that:

1. Your dental benefit program is a contract between you, your employer and the insurance company. **WE ARE NOT A PARTY TO THAT CONTRACT**. Our office functions in a **NON-PARTICIPATING STATUS** providing traditional fee for service care. We do not determine, control or influence dental insurance benefits.
2. The usual and customary allowance is a contractual negotiation between your employer and benefit carrier and vary greatly between plans and contract year. Our fees are the same to all patients regardless of plan or specific carrier.
3. **NOT ALL DENTAL SERVICES ARE A COVERED BENEFIT IN ALL CONTRACTS**. Please review your policy for benefits and exclusions.
4. **CO-PAYMENTS ARE EXPECTED IN FULL ON DATE OF TREATMENT**.
5. **ULTIMATELY, YOU ARE RESPONSIBLE IN FULL TO US FOR ALL FEES FOR SERVICES RENDERED TO YOU**. All insurance balances overdue 30 days are considered personal responsibilities and past due.
6. Benefits paid by third parties (dental insurance) generally are paid to the dental office. This in **NO WAY** implies a participating agreement with any insurance carrier. If the patient desires or obtains assignment of benefits personally, total fees are due and payable on date of service.
7. Co-payments are legal responsibilities and our policy is to only bill for dental services rendered. Please do not ask the doctor or staff to "make the insurance company pay more."

Our business staff will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care. Please use these individuals for advice, but keep in mind: they are dental professionals aiding you in obtaining your benefits. They are **NOT** responsible for plan limitations or benefit denials.

NOTE: 10% SENIOR COURTESIES apply to individuals 65 years young and above and are **POSTED UPON FULL PAYMENT OF SERVICES**.

NOTE: Accounts unpaid after 30 days from the start of treatment are considered past due accounts incurring a 1.5% interest charge per month, 18% per year. Please help us contain costs with payments paid at the time service.

NOTE: NSF CHECKS: A \$60 per check fee is assessed to accounts for returned checks.

NOTE: A billing charge of \$10 per statement apply on unpaid balances after 90 days.

NOTE: If I am applying for office financing I authorize a credit report history inquiry.

NOTE: All fees are honored till end of current calendar year of signed treatment plan.

We again Thank You for your time, co-operation and confidence in us to deliver comfortable, safe and progressive dentistry to you and your family. These policies are definitely not intended to be personal or offensive to anyone. They are an outline of business policies to help control administrative costs of delivering dental care to our patients.

I have read, I understand and will abide by the above information concerning these office policies.

Responsible Party Signature

Date

Yours in better dental health,
Timothy P. Thomas, D.D.S. and Staff