

Robert Green D.D.S., Inc.
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Patient Financial Responsibility

The office of Robert Green D.D.S., Inc. has a tradition of a trusting patient/doctor relationship. Periodically, we feel it is our responsibility to communicate our office policies and procedures to our patients. Please read the following information. We ask that you sign and return the letter to confirm your understanding of our policies.

Account Maintenance:

Any account 90 days past due with no payment or patient communication is eligible to be turned over for collection. Statements will be sent monthly to patients with outstanding balances. Payment is due at time of receipt.

Appointments:

We feel it is the patient's responsibility to record the date and time of their scheduled appointment. Recall appointments will be confirmed by email. We will attempt to confirm all appointments by phone the day before scheduled service. Scheduled appointments, which can not be kept, require 24-hour notice. Failure to provide 24-hour notice can result in a charge of \$25.00. Non-office hour emergency appointments can result in an after office hour charge.

Divorce Decrees:

This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult. Payment of outstanding balances is expected prior to separation of accounts.

Insurance:

It is the patient's responsibility to provide us with current insurance information. (Your employer and insurance company should provide this information to you.):

Insurance Company Name, Address and Phone Number

Employer Name, Address, Insurance Group Name and Number

Coverage information to include deductible, maximum amount of coverage, the beginning month the insurance company uses to reset benefits, and the % of coverage for each service type and whether it should be applied against the deductible.

Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays. As a service to our patients we file your insurance at the time of service. If we are unable to collect on your insurance after two attempts due to invalid or outdated information we will discuss the situation with you. At this time you can provide us payment and collect your own insurance or provide us the necessary current information and agree to pay a \$5.00 service fee for each additional filling there after.

Many insurance companies reimbursement for posterior composites (white/tooth colored) fillings is at the same level of benefit as an amalgam (silver) restoration for the same tooth. The additional financial responsibility is the patients.

Our policy is to attempt to estimate your insurance coverage at the time of service based on benefit information obtained from your insurance company. We expect payment of insurance deductibles and copays at the time of service. Any over estimations of deductibles and copays will be credited to the patients account and will be refunded at the patient's request, or when we review accounts for credit balances.

We will attempt to submit a pre-determination of benefits for major dental procedures at the request of the patient or if required by the insurance company. These provide an estimate of insurance coverage and patient responsibility from the insurance company.

Thank you for your business. We feel these policies and procedures allow us to provide you the professional services you deserve.

I have read the Financial Policy. I understand and agree with this Financial Policy.

X

Date:

Signature (obtained electronically in office)

