

Written Financial Policy

Jason D. Henderson DDS, PC

For patients with dental insurance we will work to maximize your dental benefits. However, we do not let insurance dictate what is the Standard of Care established by Dr. Henderson, Dr. Mohr, Dr. DeBottis, and hygienists. Your oral health is our first priority.

- **Participating Insurance:** Insurance companies we are contracted with to accept their fees, however dental services are not necessarily covered completely.
- **Non-Participating Insurance:** Although we do not participate with these insurances, we will process the claims for you. This means, we will submit to your insurance for them to reimburse us for your benefits.
- **Exceptions:** Emblem Health/GHI insurance-we can process, but they will only reimburse pts. Therefore, full payment will be collected.
- **NOTE:** For services not covered by your insurance (out-of-pocket), we will ask for payment at the time of service

INSURANCE IS YOUR BENEFIT: In the event that insurance will not pay as patient anticipates, we will submit for appeals when deemed applicable. If your insurance continues to deny coverage, we will need to bill you the balance of services rendered. Patients have much stronger leverage with their insurance as it is their policy, not the practice of Jason D. Henderson, DDS, P.C.

PAYING YOUR OUT-of-POCKET EXPENSE:

- **Cash or check:** if you do not have insurance, and your treatment is over \$300, we will give you a courtesy of 5% when paying with cash or check, on same day of service.
- **Senior courtesy:** a 10% courtesy (for patients over age 65, who do not have insurance) when paid in full, on day of service.
- **Credit cards:** Visa, Mastercard, American Express or Discover Card
- **Care Credit:** Third Party Lender allows you to pay over time with either no interest or low interest rates. We can enroll you here in less than one minute and find a payment plan comfortable for you.
- **50% Deposit:** Implant cases and complex treatment plans will require a minimum \$1000 deposit prior first visit.

STATEMENTS & REFUNDS: Although we strive for accurate treatment plan costs, it is *only an estimate* and never a guarantee. Once we get insurance reimbursement, there may be more payment due from you or we may owe you a refund. Overpayments will be made payable to the responsible party on the account.

- My account's responsible party is: _____
- I request refund for:
 - Any amount (no matter how minimal)
 - Amounts over \$_____.
 - I am authorizing credits to remain on my account for future dental treatment.
_____(initial here)

NSF: When a check is returned from the bank for insufficient funds, the account will be charged \$30.

CANCELLATION & BROKEN APPOINTMENTS: 48 business hours' notice is required when needing to change an appointment. If you cancel or no-show without 48 business hours' notice, a fee of \$65 (for hygiene appointment) or \$150 (for a doctor's appointment) will be charged to your account.

_____(initial here)

COLLECTION AGENCY: We will make every effort for you to pay your account.

In the event my account is referred to an agency or attorney, it is my responsibility, or the responsible party, to pay all costs incurred. I agree to pay reasonable attorney fees and any costs relating to the collection proceeding, including court costs.

Patient, Parent or Guardian Signature _____ Date _____

Printed Patient's Name _____