

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 the letter to confirm your understanding of our policies.

Appointments:

It is the patient's responsibility to record the date and time of their scheduled appointments. Appointments will be confirmed by email, text and/or cell phone through our appointment management system based on patient information provided. We will attempt to confirm all scheduled appointments by phone (including provided land line phones), if they have not been confirmed electronically. Additionally, patients can sign on to their online account for appointment and account information. Appointments will be confirmed by all these methods, unless patient requests changes.

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. Appointments requiring 2 or more hours of the doctor's time will require a minimum of a 25% deposit at the time it is scheduled. Non-office hour emergency appointments can result in an after office hour charge.

Patient Account Responsibility: PAYMENT IS DUE AT TIME OF SERVICE

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

Statements will be sent monthly to patients with outstanding balances. Payment is due at time of receipt. Any account 90 days past due with no payment or patient communication is eligible to be turned over for collection. Accounts will be charged a \$25.00 fee for returned checks, as well as cash payment to cover check balance.

Insurance:

It is the patient's responsibility to provide us with current dental 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

Patients are responsible for understanding their dental benefits to include deductible, coverage maximums., etc. and should contact their insurance company if they have benefit questions.

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 and crowns (porcelain) is at the same level of benefit as an amalgam (silver) restoration and crown(metal) for the same tooth. The additional financial responsibility is the patients. It is very difficult to estimate this difference.

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.

I consent to communication by mail, email, cell phone, text, and land line phone.

X

Date:

Signature (obtained electronically in office)