

Family Dental Care of Milford, Prof. Assn.
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154 Elm Street, Milford, New Hampshire 03055
603-673-3332

Financial Policies

Family Dental Care of Milford accepts most traditional benefit plans and once we confirm your coverage, you will only be asked to pay at the time of service the estimated part of your bill that we think your benefit plan will not assist you with. We will submit your forms at no charge to you. After your benefit plan pays us, any remaining balance will be billed to your account. A statement will be mailed and payment is due within 20 days.

We cannot guarantee the amount your dental benefit plan will assist you with, we simply estimate the amount **most** insurance companies pay based on **most** traditional plans.

You and your insurance company have a legal agreement and Family Dental Care of Milford is not involved in this agreement. You are **our patient** and we will treat **you**, not your insurance company. Our agreement is with you. If your insurance company fails to honor our request for payment then any balance after forty-five days will be billed to you.

First Visit

Patients are expected to pay for their first visit at the time of treatment by cash, check, bankcard or by financing through the CareCredit program. Patients who have a dental benefit plan to assist them should forward all insurance information at least 3 days prior to their appointment so their coverage can be verified. If there is a deductible, or patient % portion, it is payable at the time of the visit.

Estimates

Estimates will be given prior to treatment upon request by the patient.

Patients with a Dental Benefit Plan

We welcome dental benefit plans and are available to facilitate dealing with your insurance company. Assignment of benefits should be made to this office by signing the bottom of this financial policy. Accounts of persons not wishing to assign benefits are handled like non-insurance patients.

As a service to our patients, our office will continue to complete and submit all forms to insurance companies; however, it must be understood that dental benefit plans are an arrangement between your employer and an insurance company. **You are responsible for all fees whether insurance pays or not.**

To minimize billing costs, the amount that we estimate to be your portion after your assistance from your benefit plan, will be due at the time of treatment. This amount is based on the limited information we have about your plan. We have no direct contact or contract with your insurance company. You are responsible to be familiar with the details of your plan prior to agreeing to treatment. We will be available to assist you in understanding insurance issues.

Other than Delta Dental Premier Plans,
WE DO NOT ACCEPT ANY DMO'S, HMO'S, PPO'S OR DISCOUNT DENTAL PLANS. YOUR INSURANCE MUST
ALLOW YOU TO SEE ANY DENTIST THAT YOU WISH.

If you have a list of dentists who participate in your plan, we will not be on it (except Delta Premier); however, you may be able to be covered here under "out of network" benefits.

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Patients without a Dental Benefit Plan

Payment is due on the date of treatment and may be made by cash, check or bankcard.

For extensive treatment, estimates will be given upon request. Payment is due in full at each visit. Payment arrangements are available through the CareCredit program and must be made in advance. Federal regulations make it necessary for us to be out of the credit business and therefore, we cannot offer extended in-house financing

Prosthetic Treatment

Prosthetic treatment includes crowns, bridges, partial dentures, full dentures and implants. Since we are on a cash basis with our laboratories, your estimated patient portion is due at the time of the first prosthetic visit.

Broken Appointments

A charge may be made for appointments that are not kept and have not been cancelled with 24 hours notice. If the appointment is on the first day of the workweek, the schedule change must be made by Thursday of the previous week.

Interest

Effective November 1989, 1 ½% per month (18% per year) will be charged on all accounts more than 60 days old. It is your responsibility to be sure that your dental benefit plan pays in a timely manner (usually 2-3 weeks).

Credit Card Information

Payment may be made by Visa, Mastercard or Discover.

Returned Checks

There will be a \$25.00 charge on all checks returned for insufficient funds.

Any Questions?

Please ask our Business Assistants. They are here to help you!

Please Sign and Return to Family Dental Care of Milford

I have read the Financial & Insurance Policies for Family Dental Care of Milford and agree to the terms and conditions.

Patient Name _____

Signature of Patient (If Over age 18) _____

Signature of Guardian (If Under age 18) _____

Signature of Responsible Party _____