

DR. HARVEY LEVY & ASSOCIATES, P.C.

OFFICE FINANCIAL AND INSURANCE POLICY

Drs. Levy, Somerville, Patel & Bhushan

June 1, 2010

We welcome you to our dental office, where we have been practicing since July 1980. Our fees are meant to be fair and reasonable. We strive to keep them that way. You assist that effort when you pay for our services at the end of each visit.

This practice will make every effort to the best of our knowledge and ability to inform you of your treatment requirements and associated fee ranges.

New patients including those requiring emergency care are expected to make full payment at the time of their office visit.

To make payments convenient for you, we accept cash, money order, debit card, all major credit cards, checks, and third party financing through Care Credit.

We cooperate fully with all our patients who are covered by insurance plans. We also participate in a limited number of insurance plans with assignment of benefits. Please check with our Staff before treatment to determine if yours is one of these plans. We expect insured patients to read their policy carefully and to become familiar with its benefits and limitations.

It is important that you understand that in most cases your insurance is designed to reduce your cost, NOT to eliminate it completely. You are ultimately responsible for the full amount of your bill, regardless of your insurance coverage. All established patients having insurance are expected to pay 100% of their deductible and co-payment at the time of service. Any difference will be billed or refunded after the insurance payment has been received.

Any insurance payment not received after forty-five (45) days of filing becomes the responsibility of the patient. Payment from the patient is expected within ten (10) days of notification, unless prior written arrangements are made.

For cases requiring appliances we require a down-payment of at least 50% of the cost of the treatment when the case is started, to cover our overhead and lab fee.

If you have dual insurance and correct information is provided to our office, we will be happy to submit to your second insurance after your first insurance has paid their portion. You will be responsible for one-third down to cover lab expenses at the time the case is started. Any difference will be billed or refunded after the insurance payments have been received.

For uninsured portions only, the following discounts are available on the initial day of service: A 5% Senior Citizen discount is offered to those over age 65. If pre-payment is rendered in cash, money order, debit card or check, 5% discount if between \$300 and \$1,000, and 10% discount if more than \$1,000. If pre-payment is rendered by credit card, 3% discount if between \$300 and \$1,000, and 8% discount if more than \$1,000.

If payment is rendered through Care Credit and treatment costs more than \$3,000, one-half of the estimated uninsured portion must be paid upfront, and the rest through Care Credit.

O.R. and off-site cases are managed separately.

If an account is outstanding for more than thirty (30) days, interest at the rate of 18.0% per year will be added to the balance. If the account is not cleared within sixty (60) days of service, the account will be turned over to our collection service and a process serving fee will be added. If the balance due is not paid, and legal action is initiated to collect it, you hereby agree to be responsible for all court costs, as well as reasonable attorney's fees if an attorney is used. Existing patients with balances may NOT add to their existing balances. Any new work must be C.O.D. in addition to monthly payments on the old balances.

All requests to duplicate x-rays must be received in writing (by HIPAA law, originals remain property of the permanent record). Please note that a pre-paid handling fee of \$35 is required. Please allow one week for processing.

Any checks returned to our office are subject to an additional clerical fee of \$39.00. Immediate remittance in the form of cash, money order, or certified funds is expected. Failure to do so in 30 days will incur the outstanding account interest rate of 18.0% per year.

When time has been reserved for you and you do not keep your appointment (or fail to call 24 hours prior to the appointment to cancel), a minimum overhead fee of \$60 will be charged to your account. Additional fees of \$60 per hour will apply if the appointment you missed is longer than one hour.

If, at any time, you have a question about this policy or your account, please do not hesitate to contact a member of our Staff for assistance. We welcome you, and thank you for your cooperation.

I have read the above policy and agree to accept all financial responsibility for: _____
(Patient's Name)

(My Name, Printed)

(My Signature)

(Today's Date)