

INDY DENTAL GROUP FINANCIAL POLICY

Insurance Plans

Insurance verification is an estimation of your insurance plan's benefits, eligibility, coverage and fees. Indy Dental Group (IDG) provides this verification as a *courtesy* to you and is based on the information that you and your insurance provide to us. Your plan is a contract between you, your employer, and the insurance company. IDG is not a party to that contract. Our fees reflect our services and professional driven opinion and care; they do not reflect the insurance company's reimbursement schedule. It may be necessary for you, as the insurance customer, to contact your insurance directly in order to negotiate reimbursement. It is your responsibility to know your plan and to notify IDG of any changes in your insurance plan and eligibility status. IDG as a PPO provider honors the negotiated contractual agreements with approved insurance plans. All charges for services and materials are your financial responsibility. IDG is a fee-for-service company, which means co-pay, and deductible payments are due at the time of service. Certain insurance plans may not pay your dental fees in full due to many reasons such as but not limited to: time limitations, maximum benefits previously allowed, maximum annual limit met, age limitations, termination dates, eligibility changes, and "not a covered benefit." These are common insurance reimbursement denials and you as the patient are then financially responsible for the balance. Some plans select levels of reimbursement referred to as "alternate benefit", "down coding," "exceeds allowable rate" and "usual and customary." Most alternate benefits involve posterior teeth and the use of resin composites and porcelain (ceramic and metal ceramic) crowns. IDG only utilizes resin composites (tooth colored) restorations and does not provide amalgam (silver colored) due to what we believe is a healthier, clinically superior, and environmentally safer product. When "alternate benefit" or "down coding" occurs the insurance company will apply provisions, they are not meant to dictate treatment, question professional judgment, or interfere with the doctor-patient relationship. You as the patient are financially responsible for the difference between these alternate benefits and the contractual allowance as describe in your explanation of benefits, which assigns this difference as a patient responsibility.

Treatment Plans

Treatment Plans are Estimates Only and are valid for ninety days (or less should your insurance plan/fee schedule/or treatment change during that ninety days). During treatment, it may be necessary to change or add procedures due to conditions undetectable at examination. The patient and/or (parent/guardian) is financially responsible for all treatment not covered by insurance. *It is the patient's and/or (parent/guardian's) responsibility to inform Indy Dental Group of any and all insurance plan changes prior to receiving any treatment.

Treatment Payment

IDG is a fee-for-service company - which means co-pay and deductible payments are due at time of service. IDG will not begin the lab/material order on crowns/veneers/partials/dentures/night guard/aligner/ other preparations without payment. We accept CC (Visa, MC, Discover, American Express), Checks, Cash, and Care Credit. Please bring your form of payment to your scheduled appointments. IDG does not offer payment plans. Should you need a payment plan let us know prior to your appointment and we will be happy to direct you to Care Credit opportunities. IDG observes the right to reschedule your appointment should you not have a payment option available on day of service. **Non-Sufficient Funds (NSF):** All checks returned for non-sufficient funds will incur a \$27.50 service fee. It is the patient's (parent/legal guardian) responsibility to call IDG and correct (pay for) monies owed. Payment in full is required upon bank notice of NSF or IDG will report NSF to the prosecutor's office. **Delinquent Account:** Should the patient's account become delinquent (past 90 days), the patient (parent/legal guardian), will be responsible for all agency fees, attorney fees, court fees, collection fees, and /or any other fees incurred to collect this debt. **Missed Or Late Cancelled Appointments:** Please help us better serve you and all of our customers by keeping your scheduled appointments. IDG requires a cancellation notice of 24 hours (72 hours for Monday appointments). Our policy is to charge \$40.00 for failed or late cancelled appointments. **Minor Patients:** The adult accompanying a minor and / or the parents (or legal guardian) is responsible for payment on day of service. For unaccompanied, minors, non-emergency treatment will be rescheduled unless prepayment or payment call-in arrangements have been made. A parent must be present with minor for all emergency, minor and major services. **Patient Requested Transfer Of Information:** It is IDG policy to charge a \$40.00 administrative service fee to copy patient records and can take up to 30 days. Digital radiographs are at no charge.

Authorization And Release

I authorize Indy Dental Group (IDG) to release of any information pertinent to my Protected Health Information (PHI) about me to carry out my Treatment, Payment, and Operations (TPO) to any insurance company, third party payer, health care provider, adjuster, or attorney involved in my dental care, TPO, and payment thereof. I authorize IDG to initiate a complaint to the Insurance Commissioner of Indiana for any reason on my behalf. I authorize and request my insurance company to pay directly to IDG/Dentists, insurance benefits otherwise payable to me. I understand and agree that (regardless of my insurance status); I am financially and ultimately responsible for the balance of my account for all professional services rendered by IDG. I have read all the information on this sheet (IDG Financial Policy) and have completed in entirety all IDG patient information forms as requested by IDG. I certify that all my information is true and correct. I will notify IDG of any changes in my insurance status or personal information immediately upon change of said items.

Your signature below indicates a receipt, acknowledgement, and agreement of this proposed IDG Financial Policy.

I acknowledge that I received a copy of Indy Dental Group Notice of Privacy Practices.

Signature of Patient / Parent / Legal Guardian: _____ Date _____

Print Name Patient /Parent /Legal Guardian: _____