PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing LaBuwi Crawford Dental Wellness to serve the dental needs for you and your family. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your dental provider. As part of this relationship, we have outlined our expectations for your financial responsibility in our Patient Financial Responsibility Policy. Please read this document thoroughly.

- Just as we make every effort to accommodate you when you are in need of dental care, we expect that you will make every effort to pay your bill promptly. **Payment is due at the time services are provided or upon receipt of a statement from our billing office of any remaining balance not covered by insurance**.
- We accept major credit cards, debit, cash, and checks. If you are in need of an extended finance option, we also work with a company called Care Credit, who offers 6 and 12 month "no interest" terms designed to meet your treatment plan needs on approved credit. Ask our staff members for an application.
- If you owe additional money after your visit, you can expect to receive a statement. Statements are mailed out on a monthly basis. Payment is expected within 30 days of receipt of your statement.

Dental Benefit Plans (Insurance)

- **It is important for you to be an informed consumer, who understands the specifications of your dental benefits.** Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-authorizations, and coverage limits regardless of whether or not our providers participate.
- As a courtesy to you, we will bill your insurance company directly for services rendered. If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them. However, **please be advised that you are nevertheless ultimately financially responsible for payment for services rendered.**
- **You must present a current insurance card.** If you cannot present a current insurance card, you will be responsible for full payment at the time of your visit. You will receive reimbursement from LaBuwi Crawford Dental Wellness if your insurance pays the claim at a later date.
- We expect insurers to pay a properly submitted claim within 30 days. You have a responsibility to provide information to our office so a claim can be properly submitted. If your insurance company has not paid a claim on your behalf within 90 days, the balance could be transferred to your account and you may be responsible for payment. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of that legal contract. It is your responsibility to inform us of any changes in your plan .
- If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith.
- We estimate your portion based on the most up to date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your exact insurance benefit, we will be happy to file a "pre-treatment authorization) with your insurance company prior to treatment. This does delay treatment but will give you the exact out of pocket figures you may require.

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Fees & Failure to Pay

- Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance company.
- Returned checks are subject to a $35 fee and your account will be placed on a "cash-only basis." We will accept payments only by cash or credit card until the balance is cleared.
- Failure to give 24 hours cancellation notice may result in a charge of $25 (per 45 min). Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for cancelled or missed appointments.
- Patients who ignore collection notices and fail to pay their balance risk negative credit ratings and possible dismissal from the practice. You will be responsible for all collection costs, attorneys fees, certified letter fees and court costs associated with collecting outstanding debts.
- Past Due accounts should be collected before undergoing further treatment.
- Should your account balance become uncollectible or if you file bankruptcy, we will continue to see you on an emergency basis for 30 days, giving you time to find a new source of dental care.

Acknowledgement

BY SIGNING THIS AGREEMENT, WHETHER BY ORIGINAL, FACSIMILE OR ELECTRONIC (".PDF") SIGNATURE, I AGREE TO ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN AND THE AGREEMENT SHALL BE IN FULL FORCE AND EFFECT.

- I further agree that a photocopy of this Patient Responsibility Financial Statement shall be as valid as the original.

_____	_____	_____
Patient/Responsible Party/Guardian	Date	Date of Birth