

Keith Chertok, D.D.S.

Financial Policy and Patient Payment Agreement

Thank you for choosing our office to assist with your periodontal treatment needs. We look forward to providing you excellent service.

Our experience with the process of billing and insurance tells us that an important part of customer service is providing you with as much information as possible about what to expect. As such, this form is intended to give you some general information based on our extensive experience.

Payment is expected on the day of service. We accept cash, personal checks, as well as Visa and MasterCard charge cards. After Dr. Chertok has recommended a treatment plan, our office staff will review the fees associated with that treatment with you. Payment is then due on the date of your scheduled treatment. The following information is provided for those patients with dental insurance:

- **If we are not listed as a provider for your particular insurance** (any insurance other than Delta), we will file your insurance forms as a courtesy to help you expedite the process. However, we are required to receive payment up front from you and then your insurance company may send a reimbursement check directly to you. If your insurance company sends the reimbursement to our office, we will forward the payment on to you. Our financial relationship is with you. Your insurance policy is a contract arranged between your employer and the insurance company. Consequently, you (and not your insurance company) are responsible for the payment of all fees incurred in our office.
- **Delta Dental:** We are a provider for Delta Dental. As such, we are required to collect your co-payment at the time of service. Once Dr. Chertok has recommended a treatment plan, our staff will give you a best estimate of what your insurance is likely to pay and what patient portion will be due at the time of service. We are not always able to second-guess Delta Dental's actions. For instance, any estimate received from Delta Dental by telephone or in writing is **only an estimate**. They reserve the right to alter your benefit reimbursement once your claim has been received and reviewed.

If you have had dental work performed at another office this year, or have a bill being processed, that amount will be deducted from your yearly maximum service allotment by Delta Dental. This, in turn, will affect the amount of periodontal treatment that will be covered by Delta, and will impact our ability to provide you with a fairly accurate estimate. Please understand that we will bill you accordingly.

Once a bill is sent out from our office, we request that payment be made as promptly as possible. Feel free to ask us about any questions you have regarding the

billing. If you desire to challenge the coverage with your insurance company, it is recommended that you write directly to your insurance company and that you copy our office in your correspondence so that we may be kept apprised of your efforts. We would be happy to advocate on your behalf as necessary, however, we request that you pay our office directly for any outstanding bills and request that your insurance company reimburse you directly for any amount in dispute. This will allow us to keep current on all our accounts and prevent us from having to contact you; something that we understand is unsatisfying to you and also undesirable on our part.

Late cancellations, late arrivals, and missed appointments are disruptive to your care, create idle time for our health care staff, and prevent other patients from receiving the treatment that they need. We will attempt to confirm your appointment with you the day before your treatment. However, it is your responsibility to keep your appointments. The full fee for hygienist visits and a substantial fee for Doctor visits will be charged for any missed appointments, late arrivals (twenty minutes or more), or late cancellations. A 48 hour (business days) cancellation notice is required to avoid a cancellation fee; messages left on our voice mail over a weekend or over a holiday break do not count as adequate cancellation notice.

Minor children are often brought to our office by various parents or guardians. It is the policy of our office that the parent or guardian that brings the minor child to their appointment is financially responsible for their care.

Thank you very much for your attention to these matters. We seek to be as proactive as possible in providing you with excellent treatment and avoiding misunderstandings. Thank you for allowing us to participate in your care.

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I have read and understood this agreement and fully agree to all its terms and conditions.

Patient's Name: _____ Date: _____
(Please Print)

Patient's Signature: _____
(Parent's signature if the patient is a minor)