

**PARUL MEHTA DDS INC.**  
**INSURANCE AND FINANCIAL POLICY**

At **SunRise family dentistry** we are committed to providing you with the best possible dental care, we believe that you deserve the best care. That's why we always present you with the best dental solutions possible to treat your personal situation. Each year we provide outstanding dental care to thousands of patients. Some have dental benefits, but some don't. If you have dental benefits, **Congratulations!** You are very fortunate. Here are some important Things you should know.....

Your dental benefits are based upon a contract made between your employer and an insurance company; we are not a party to that contract. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefits will never pay for completion of your dental care. It is only meant to assist you. We currently accept all private care insurance plans (**PPO**) (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service.) This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. 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. You also authorize our dental office to use your social security number for the insurance claim processing.

Many people receive notification from their insurance company that our dental fees are "above usual and customary". An insurance company determines their reimbursements level by surveying a geographical area. Calculating the average fee, and then determines that 80% of the average fee is customary. Included in this survey are discounted dental clinics and managed care facilities which have severely reduced fees that bring down the average. Any doctor in a private practice will have fees that insurance companies define as "higher than their discounted fees".

We bill your insurance as a courtesy, if insurance does not pay within 90 days, **SunRise Family Dentistry** reserves the right to request payment in full from you OR your guarantor for the services rendered to you and let you collect the insurance funds that are due to you. 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 part of that legal contract. Ultimately you are responsible for all charges incurred in our office. Not all services are covered benefits in all insurance policies. Some insurance select certain services which will not be covered. **IT IS UP TO THE PATIENT TO ULTIMATELY UNDERSTAND THEIR OWN INSURANCE COVERAGE. WE MUST EMPHASIZE THAT AS DENTAL CARE PROVIDERS OUR RELATIONSHIP IS WITH YOU NOT YOUR INSURANCE.**

**SunRise family dentistry** does require payment in full for your portion at the time of service. We accept Master Card, Visa, American Express, Cash, and Checks for existing patients with established payment history. We do not except checks over \$1000.00 for any payment. If you are in need of an extended finance option, we also work with Care Credit, who offers a one year "same as cash" or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit. Just ask one of the patient services staff for an application.

**SERVICE CHARGES:**

**1. MONTHLY BILLING:** Even though an insurance claim has been filed, you will received a statement each month if there is balance due on your account, since you, not the insurance company, are responsible for the payment of your balance on your account. **BALANCES OLDER THAN 60 DAYS MAY BE SUBJECT TO AN ADDITIONAL COLLECTION FEES AND INTEREST CHARGE OF 1.80% PER MONTH.**

**2. RETURNED CHECKS:** There is a **\$25.00** fee for the returned checks. The returned check fees must be paid in **3 days** in the form of cash or cashier's check.

**3. COLLECTION FEES:** Fees or charges incurred to enforce payment required by this agreement will be charged to the patient who is failed to pay on time, and they are required to pay collection fees of **\$25 or more.**

**4. AFTER HOUR/WEEKEND EMERGENCIES:** In the event of an emergency after regular business hours, a **\$150** emergency fee will be charged for the established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged **\$200** after hour's emergency fee.

**5. BROKEN APPOINTMENTS:** A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointment. If you must change your appointment, we require at **least 24 hour notice** to avoid a **\$40.00/hr** cancellation fee for the Hygiene appointment and **\$100** for the Specialist Doctor's appointment. (Emergencies are an exception).

**6. PROSTHETICS:** For Prosthetic or Cosmetic dental treatments like Dentures, Crowns, Bridges, Implants, Lumineers, Veneers etc. accepted and started by patient, and Failure to return to our office within reasonable time (within 30 days) will required patient to pay at least **75% of total costs** which will cover the office costs, the material costs, the laboratory costs, and rendering doctor's time.

We welcome you to our office and look forward to helping you to get a healthy, beautiful smile you have always wanted. If there is anything we can do to make your visits here more pleasant, please do not hesitate to ask one of our staff members. Thank You.

**I, THE UNDERSIGNED, UNDERSTAND AND ACCEPT THE ABOVE STATED FINANCIAL ARRANGEMENT:**

**GUARANTOR NAME & SIGNATURE** **GUARANTOR SOCIAL SECURITY NUMBER**