



.Financial Policy

Thank you for choosing **Grins on Green Bay** as your child's dental care provider. We are committed to providing your child with the best possible dental care and successful treatment. Please understand that payment of your bill is considered a part of your treatment. The following statement details our financial policy in an effort to eliminate confusion or misunderstanding. Please read and sign prior to treatment.

Payment: The parent/legal guardian accompanying a minor (under 18 years old) is responsible for the full payment. **In order for us to keep our fees as low as possible, payment is due at the time service is rendered unless other arrangements have been made in advance.** For your convenience we accept Visa, MasterCard, American Express, Discover and Personal Checks. Any returned checks will incur a \$50 processing fee.

For patients with treatment plan fees over \$500, a 5% discount will be given to payments made in full.

If you have questions regarding your account, please contact us at (847) 728-0030. Many times, a simple telephone call will clear any misunderstandings.

Dental Insurance:

We accept most PPO dental insurance plan benefits. We are considered in-network with Delta Dental, however, like most other pediatric specialists, we are considered out of network for all other insurance companies. Our dental software will estimate your insurance benefits and the portion not covered by your insurance will be due at the time of treatment. Most patients find that our fees and their insurance benefits are close, and the price difference is minimal and well worth the quality of care they receive from us.

The top two misunderstood facts regarding dental insurance are:

Fact 1-No insurance pays 100% of all procedures.

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90%-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company. There are literally thousands of contracts available for employers to choose from.

Fact 2-Benefits are not determined by our office.

Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. THE insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequency this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20-30% profit. You may have noticed that sometimes your dental insurer reimburses you or your dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.



A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be misleading and simply is no accurate.

Unfortunately, insurance companies imply that your dentist is “overcharging” rather than say that they are “underpaying” or that their benefits are low. In general, the less expensive insurance policy will use a lower UCR figure.

Ultimately, our relationship is with you and your child, and not your dental insurance company. Your dental insurance is a contract between your employer and the insurance company. We want to provide our patient with the finest treatment available and base our treatment recommendations on what will be best for your child rather than what your insurance company does or does not pay. Every effort will be made to provide a treatment plan fitting your timetable and budget! Our primary goal is to provide your child with the best possible treatment in a safe environment, using higher quality supplies and medications. We will gladly discuss and answer to the best of our ability any questions regarding the financial aspects of dental treatment. We will be happy to file for your insurance benefits as a courtesy to you.

Credit Card on File:

We do our best to estimate your insurance coverage. If your insurance overpays we will send you a reimbursement check in the mail, if your insurance underpays we will charge your credit card on file. We will email you a statement of your transactions and explanation of benefits.

Name on Card _____ **Card Type: MasterCard / Visa / AmEX / Discover**

Credit Card # _____ **EXP Date** _____ **Zip Code** _____

Finance Charge: A finance charge will be billed to any account in which the balance remains unpaid for 60 days without payment arrangements. This monthly fee will equal 18% APR.

Appointment Information: We make a special effort to provide you and your family with quality dental care, including reserving a special time for your child to receive care. Should you have to cancel your appointment please let us know two business days ahead of time.

Unless cancelled 2 business days in advance, you may be charged for a missed appointment at the rate of a normal office visit.

If you have any questions, we will be happy to assist you. We look forward to beginning a wonderful relationship with you and your child! Please do not hesitate to call.

I, the undersigned, assume financial responsibility as stated above and responsibility for all collection and legal fees if my account becomes past due. I have read, understand and agree to this Financial Policy.

Signature of Responsible Party