

PAYMENT POLICY

- Please be aware that the parent listed as the “responsible party” is the person responsible for account balances.
- Treatment plans are provided for services recommended and an **ESTIMATE** is provided of what we determine, to the best of our ability, from the information received from insurance company representatives/automated systems. Parents can also inquire using the treatment plan provided to obtain this same information.
- Forms of payment accepted are: Visa, MasterCard, Discover, checks and cash. A fee of \$25 will be applied to any returned checks.
- Dental insurance information should be updated if changes occur. If information provided is unable to be verified by us prior to your child’s appointment, payment in full is expected at the time of the visit.
- All insurance claims are created and forwarded to the insurance company on the day of the visit. Insurance payments are intended to be received by the provider. If your insurance company, in error, sends the policy holder the check, please forward the payment to our office to apply toward the balance.
- Statements are sent in email form as well as printed form AFTER insurance payments have been applied. Two statements will be mailed with a clearly stated due date. If a balance remains after 60 days from the appointment date, your account is considered past due. **If for any reason your account balance remains unpaid after 90 days from the date of service, the account will be turned over to our collection agency.** When this occurs you will be responsible to pay the amount owed to the office in addition to all fees associated with the collection agency’s efforts to collect the balance. Fees are as follows: Balances \$50-\$250 Fee: \$50 * Balances \$251-\$500 Fee: \$100 * Balances \$501-\$1000 Fee: \$150 *Balances over \$1000 Fee: \$200. Collection agency activity is reported to all major credit bureaus which can affect your credit score.
- Any insurance company requests for additional information necessary to process your child’s claim will be provided if we have said information. In the instance that the policy holder needs to contact the insurance company to facilitate claim processing, it is your responsibility to do so.
- Any individual associated with an account that has previously been sent to collections or has had an outstanding balance for greater than 90 days, will be responsible for payment in full on the day services are provided. If insurance exists, we will submit a claim and the policyholder will be indicated to receive any amount payable for services rendered.
- If you are in need of setting up a payment plan to complete your child’s dental treatment in a timely manner, please speak to our front office staff. Arrangements need to be set up PRIOR to setting appointments. Details can be discussed on an individual basis.
- For your convenience we now offer the ability to vault a credit card to be utilized for account balances to be paid automatically after insurance payments have been applied. Please let us know if you are interested in this payment option.
- For patients with primary and secondary insurance: Some insurance companies do not pay our office directly, but pay the policyholder. In these instances in which the primary

insurance falls into this category, you will be asked to pay for services rendered on the day of service. We will submit a claim form to the primary insurance on that day. You will also be given a second claim form, which contains all the information for you to submit to your secondary insurance company for consideration of payment. You will attach a copy of the eob (explanation of benefits) from your primary insurance to this secondary insurance claim form and submit it for payment. In these cases, you will receive insurance payments to your address since you have already paid for the visit in-office. Many insurance companies do coordinate benefits so this is not necessary for all primary/secondary insurance holders. You will be notified if your plans require this scenario for insurance reimbursement.

I have read the Payment Policies and understand the content of each as it applies to me, my child, and the office of Dr. Robert Testen.

Signature

Date

01-03-18 Update