

# DENTAL HEALTH ASSOCIATES, P.A.

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## PATIENT FINANCIAL POLICY & INSURANCE INFORMATION

(Please read carefully and sign to acknowledge understanding and agreement.)

Thank you for choosing **Dental Health Associates, P.A.** as your dental care provider. At **Dental Health Associates, P.A.** we are committed to providing you with the best dental care available.

### Regarding Insurance:

Your insurance plan is a contract between you, your employer and your insurance carrier. **Dental Health Associates, P.A.** participates with many insurance plans and accepts benefit assignment from most insurance plans that provide for benefit assignment. By assigning your benefits to **Dental Health Associates, P.A.** you reduce, but do not necessarily eliminate, your out-of-pocket expenses at the time of your dental visits. No insurance plan covers all dental procedures. Depending on your dental care needs and the benefits that you or your employer have contracted for, you are likely to incur out-of-pocket fees for various co-payments, deductibles, and non-covered dental services. Insurance plans are benefit plans to help you pay for necessary and desired dental procedures. You should not allow the limitations of your insurance benefits or your insurance carrier to determine the dental needs or the dental health of you or your family members.

**Today's world of dental benefits is a very complicated one.** Patients are encouraged to directly verify our benefit estimates with your insurance carriers or employers.

- Traditional dental insurance** allows you to go to any dentist of your choice. Traditional dental insurance covers different categories of dental procedures at different percentage rates or amounts per procedure that vary from plan to plan and employer group to employer group. Also varying from plan to plan are different deductible amounts (amounts that you pay prior to your insurance providing any coverage) and different maximums (the most that your insurance plan will pay over the course of a benefit year). If you exceed your maximum benefits at any time during your benefit year, you are financially responsible for all procedures in full. Insurance plans also have various exclusions and limitations. Some plans by way of example do not cover Sealants over a certain age or limit Sealants to certain teeth such as only molars. Some plans will not provide for the replacement of teeth if those teeth were lost prior to your joining the plan. Most plans do not cover cosmetic dentistry and will cover only the least expensive alternative treatment amongst a choice of acceptable treatment alternatives. Please bear in mind that your assignment of benefits does not necessarily guarantee that your insurance plan will provide for the benefits that we have estimated. In the event that your insurance plan does not cover procedures as we have estimated, you are fully responsible for the amounts not covered. If after reasonable efforts **Dental Health Associates, P.A.** is not able to obtain payment from your insurance carrier, **Dental Health Associates, P.A.** will transfer any unpaid balances from our insurance ledger on your account to the patient ledger on your account and bill you accordingly. Should you receive such a billing, we do require prompt payment. Recovery of your out of pocket expenses then becomes your responsibility.
- Discounted Dental Insurance –Preferred Provider Plans-PPOs** are very similar to traditional dental insurance plans except that **Dental Health Associates, P.A.** has contracted with your insurance carrier to be a listed as a *preferred provider* in return for accepting a somewhat reduced fee from both your insurance carrier and/or you the patient. As a patient you are eligible for these reduced fees only by selecting a preferred provider. PPOs and traditional dental insurance are similar in how they operate. Please refer to the paragraph above.
- Dental HMOs, Capitation Plans and Pre-Paid Dental Plans** are different than either traditional dental insurance or PPOs in that your dental carrier has contracted with **Dental Health Associates, P.A.** on a pre-paid basis to cover certain dental procedures. These procedures vary from plan to plan. You are responsible for any co-payments and non-covered services. Also different than either traditional dental insurance or PPOs, you the patient either choose or are assigned to a primary care dentist (PCD). Your PCD is responsible to provide all non-specialty treatment covered under your plan. In the event that you require specialty treatment, the PCD must make a referral to a participating specialist. Often specialty care requires authorization from your Dental HMO unless emergency care is involved. This authorization process can take between two to five weeks depending on the carrier. Certain specialty care is not covered. **Dental Health Associates, P.A.** serves as both PCD's and Specialty dentists for most plans. If **Dental Health Associates, P.A.** is your PCD, this referral process is often streamlined and we are frequently able to eliminate the need for an initial consultation on a separate visit. Many Dental HMO's contractually require *office visit* co-pays regardless of what is done.
- UNION or LOCAL PLANS:** Many Union Plans require you to obtain an **original insurance claim** from your Union and will not accept a "Signature On File Card". Since we submit claims after each visit you must have a claim form from your Union for each visit.
- NJ Family Care and State Assistance (Medicaid)** is a comprehensive dental program underwritten by both the State and Federal Government. These plans only provide for the least expensive alternative treatment. Should a patient elect to upgrade treatment to a more expensive alternative, that patient will be responsible for the fee in full. Patients covered under these plans must bring with them at each visit their monthly state card and HMO card if enrolled with an HMO plan. The State of NJ requires that **Dental Health Associates, P.A.** and other providers make photocopies of these cards to secure payment. We cannot verify eligibility over the phone.

Family Care C has a per visit co-pay for non-preventative procedures.

Family Care D has both per visit co-pays and a limited number of preventive dental services that are covered.

Family Care H has no dental coverage

By law, if you have any dental coverage in addition to NJ Family Care or State Assistance you must submit that first. This is not an option on the part of the patient or **Dental Health Associates, P.A.**

**Medical Insurance** will cover a limited number of dental procedures that are deemed both Medical and Dental in nature. By utilizing your medical insurance where you can, you will reserve often-needed dental benefits for other necessary procedures. Also Medical Insurance used for dental procedures often covers procedures at a higher rate, thereby reducing or eliminating co-pays.

**Coordinating Benefits When There is More than One Insurance Plan** is extremely complicated and we must have complete and accurate information on all plans in order to coordinate these benefits. Failure to provide this information may invalidate your receiving any benefits from either plan. State law governs coordination of benefit plans. In New Jersey, if the patient has insurance, their plan is submitted before the spouse's plan. If the patient is a child, then the parent with the first birthday in the calendar year goes first, and is the primary dental plan. Medical Insurance is usually submitted prior to dental insurance. All insurance plans must be submitted before any NJ Family Care/Kid Care or State Assistance. Not all plans coordinate benefits as you might expect. Some plans count the benefits paid by another plan lowering the total payable benefits.

**If Your Child is over age 18 in School and is covered by Your Insurance** you must obtain from your child's school certification of current attendance in order to receive benefits. This certification must be submitted along with your insurance claim or the claim will be denied.

#### **Responsible Party for Minor Children**

Parents or legal guardians must accompany minor children. If you are not the parent or legal guardian you are a legal stranger to the child and cannot provide consent for treatment even if you are the child's primary care giver. Parents can execute a limited power of attorney that allows another party to consent to treatment for a minor child on your behalf. Whoever brings the child to the office is the party that is legally responsible for payment of any fees incurred at that visit. When courts have made one or the other parent responsible for dental services, that responsibility is solely between the parents involved and the party bringing the minor child is still fully responsible to **Dental Health Associates, P.A.**

#### **Regarding Payment Procedures**

##### **Patients With Insurance:**

- For services covered by your plan, we ask that all co-pays and deductibles be paid on the day of treatment. This includes any percentage of your incurred fees we estimate not to be covered, by your insurance at the time of service.
- For services not covered by your insurance, we ask that you pay the entire fee the day of treatment.
- For any procedure that requires multiple visits, your portion of estimated payment is due at the start of the procedure.
- Any charges not paid by your insurance carrier after reasonable efforts on the part of **Dental Health Associates, P.A.** will be billed to the responsible party and should be promptly paid.

##### **Patients Without Insurance or Patients With Discount Non-Insurance Programs:**

- For those patients without insurance coverage, you will be responsible for payment on the day of your treatment.

##### **Dental Procedures Requiring Multiple Visits To Complete And Incomplete Treatment:**

- For any dental procedure that requires multiple visits, patients assume responsibility for the full fee at the start of the procedure. Insurance carriers can only be billed upon completion of any procedure. Co-payments are due at the beginning of such procedures. Failure to complete multiple visit dental procedures on a timely basis frequently jeopardizes the success or outcome of that procedure. Patients assume full responsibility for undesirable outcomes for incomplete treatment and full financial responsibility including estimated but unbillable insurance benefits.

##### **Unpaid Balances:**

- All unpaid balances are subject to finance charges of 1½ % interest per month on balances over 60 days that are on the patient side of your account ledger.

##### **Collections:**

- You are responsible to pay all costs of collecting, or attempting to collect any debt owed on this account. This includes reasonable attorneys' fees, Court costs, interest and late fees.

**Acknowledgment of Understanding and Agreement:** I hereby acknowledge, understand and agree to the financial and insurance policies and procedures as outlined in this document. I hereby authorize payment directly to **Dental Health Associates, P.A.** for insurance benefits otherwise payable to me. I authorize **Dental Health Associates, P.A.** to use signature on file, or to otherwise affix my name on any insurance claim related services rendered to myself or my dependants and to release to any necessary information to third parties including any third party acting on behalf of **Dental Health Associates, P.A.** for the purpose of securing payment to **Dental Health Associates, P.A.** for services rendered and to the American Dental Association and its affiliate organizations. **Dental Health Associates, P.A.** makes no warranty of services provided. Any treatment procedure is subject to failure or unexpected or adverse outcomes and any treatment plan or treatment procedure is subject to additional charges for additional or modification of treatment procedures. Treatment plans and Estimates of insurance benefits by **Dental Health Associates, P.A.** are not warranties of treatment or guarantees of payment by any third party. Patients or the Responsible party bear all financial responsibilities for rendered services and any unpaid balances. A photo-copy of this Acknowledgment may act as an original.

**Signature of Patient or Responsible Party**

**Relationship to Patient if a Minor**

**Date:** \_\_\_\_\_