gordon DENTISTRY
A fresh approach to modern dentistry

Nicole T. Gordon, DMD

Regarding your Insurance Benefits

Dr. Gordon along with our hygienists recommend treatment that is best for your long-term oral health. Although we make every attempt to work with your insurance company, our recommendations stand firm in what is **best for you**, not what your insurance will pay. Our recommendations are recommendations. Only you, as the patient, can determine the best treatment for you. Dental insurance is a benefit plan, unlike your medical insurance.
To keep costs as low as possible for you, our patient, we are in-network providers for many PPO insurance plans. This means that your insurance company has contracted special rates with us that we may charge you, as the patient. These rates do not reflect the amount your insurance will pay for services, only the amount we may charge. We can estimate these total fees very accurately. *However, the amount which you are responsible and amount your insurance company is likely to pay is determined by your employer or specific insurance plan. There are many small provisions which make it difficult to determine your portion, including, but not limited to:*

- Down-grade of services such as white to silver filling or white to silver crown.
- Front teeth are often paid differently than back teeth.
- The number and the type of dental cleanings covered per year is often based on your age, periodontal history, and whether or not you have implants.
- Many policies include a missing tooth clause. A missing tooth clause protects the insurance company from paying for the replacement of a tooth that was missing before the policy was in effect.

Assignment of Benefits

For our patients with dental insurance we allow assignment of benefits. This means that if your insurance plan agrees, they may pay us directly for your treatment. On your day of treatment, we will collect from you the cost of treatment less the anticipated insurance payment. As a courtesy, we file your insurance claim electronically with your insurance company.We require full payment prior to the delivery of crowns or appliances therefore, if your insurance company does not pay prior to your delivery date, you will have the option to postpone yourappointment or pay in full. Any payments received after will be credited to your family account or refunded to you.

Date_____ **Initial** _____

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Insurance Estimates

If you have been to another dental office within the past 12 months,your out of pocket portion is particularly difficult to estimate.Another dentist includes another general dentist, a specialist such as an endodontist (root canal specialist), oral surgeon, periodontist (gum specialist) or any other doctor who may have filed an insurance claim for you. This is especially relevant to our seasonal and new patients. We are unable to estimate your benefits because your insurance company often provides us with incomplete information. If any claims are pending with another provider, they rarely include this information with your benefit analysis (history of your benefits and analysis of what your plan may pay).

Because we cannot make accurate estimates for you, we require your portion of our best estimate and a credit card number with your signature on the date of service. If you do not wish to leave your credit card number with us, you may pay your entire balance in full via check or cash. A refund check, if warranted, will be issued to you within 14 business days of receiving payment from your insurance company. If you choose to use your credit card a 3.5% charge will be adjusted off of your refund amount.

Secondary Insurance

In our experience, secondary insurance rarely applies in the dental industry. If you wish to have your secondary insurance filed by us, and we are able to do so, your estimates will not include the secondary policy. It is impossible for us to estimate benefits due to numerous obstacles.

Finance Charges

If we estimate that your treatment will be covered at 100% by your insurance company, we will not collect a payment or credit card number on the day of treatment. However, we are now instituting a **finance charge for balances which have not been paid within 30 days of the statement date**. Our current finance charge is 1.5%. We send statements 30-45 days after your visit date. This means that you will receive a statement only after your insurance company has denied the claim, paid the claim, or ignored the claim past 45 days. This means we allow 60 or more days before a finance charge will apply.

Insurance Payments

By law, your insurance company must pay for services within 30 days of receiving a claim, otherwise interest accrues and is due to the provider.

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Because we electronically file claims on the day of service, the 30 day clock should begin on your service date.

As a courtesy for our patients, we will allow your insurance company 45-days to pay your claim. If we have not received payment within 45-days, we will contact you and inform you that you are responsible for the balance, and your credit card will be run on the following business day. You may contact your insurance company and follow up on the claim yourself. Often an insurance company will indicate that they havenot received the claim. When this happens, we re-file the claim, and your 45-day grace period will start over.

Thank you for your understanding and Cooperation.

Policy Holder _____

Family Members _____

_____

_____

_____

Insurance Plan _____

In-Network PPO Out of Network PPO Discount Plan Only

As of _____ (Date)

Deductible _____ Annual Maximum _____

Plan benefit year (Jan 1 - Dec 31) other: _____

Signature _____ Date _____