

Gary R. Selby, D.D.S., P.A.
Family Dentistry

Office Hours

Monday-Thursday 8:00 a.m. – 5:00 p.m.

Closed Friday, Saturday, and Sunday

Office closed for lunch daily from 12:00 p.m. – 1:00 p.m.

FINANCIAL POLICY

On your first visit payment is due when services are rendered, payable by cash, check or credit card. Following your examination and consultation with Dr. Selby, a written treatment plan will be presented for your major services, at which time we will discuss the treatment schedule and any financial arrangements at your request.

PATIENTS WITH INSURANCE

It is the patient's responsibility to provide the insurance form, complete with patient/employee information and properly signed. We will accept assignment of benefits, if you have signed that portion on your insurance form. If not, you will be expected to pay the full cost for all services when they are rendered.

Almost no dental insurance plan covers 100% of the cost of the treatment. Because of this, you will be asked to pay your deductible and estimated patient portion of your account when services are rendered.

It is very important for you to know that, if we have not received payment from your insurance company within 45 days of billing them, **the balance becomes your responsibility.** Law requires the insurance company to process claims in 45 days or less. **The insurance agreement is between you and your insurance company,** so you will be expected to deal with your insurance company directly should any problems arise. **Our service agreement is with you,** the patient, and not with the insurance company. We will assist you in completing the form and submitted x-rays so you can obtain your benefits but we cannot guarantee the benefits under your policy. Our office is only able to obtain a general breakdown of your benefits, but we cannot guarantee these benefits will be paid. Any questions regarding your coverage, deductibles, or reimbursements, should be directed to your employer or insurance carrier.

If there are any questions about whether or not your insurance company covers a procedure, or what percentage your insurance company will cover, or if you have enough of your yearly maximum to cover a procedure, please check with your insurance company. If you wish to proceed immediately with a procedure, then you (the patient) must be prepared to pay for that procedure, in full, when services are rendered.

PATIENTS WITHOUT INSURANCE

All of our patients will be expected to pay the full cost for all services when they are rendered. Our office does not bill for services rendered. If you need alternative arrangements other than cash, check, or credit card, we have some financing options available. These arrangements would need to be made prior to your treatment. We will be happy to discuss this with you upon your request.

****It should also be noted that, on unpaid balances of 60 days or more, a finance charge of 18% will be applied.**

DUAL INSURANCE POLICY HOLDERS

All claims will be filed with your insurance company and the patient will be responsible for the balance. Our office policy is for our patients to pay *their* portion of what the *primary insurer* doesn't cover, at the time services are rendered. Our office never files to the *secondary insurer*. The patient may file with the secondary insurance company and the benefits will be directly reimbursed to the patient.

BROKEN APPOINTMENT POLICY

Our office is dedicated to keeping our fees as reasonable as possible. One of the most costly problems, in the dental industry, is broken appointment time. Our office reserves time, personnel, and facilities just for you when you have an appointment scheduled. If we do not have 24 hours notice of a change of the reserved time, we are unable to call another patient and use that time in a cost-effective manner. We will make every effort to extend to you a courtesy call reminding you of your appointment, but in the event we are unable to confirm before the 24-hour period, **the responsibility for the appointment is the patient's**. Please keep in mind that we are closed on Fridays so Thursday would be 24 hours notice for Monday appointments. We will require patients that continue to miss reserved appointments to pay a non-refundable deposit of \$50.00 per hour of time blocked in advance of their next scheduled appointment. If, for any reason, that appointment is not kept or we are not given 24-hour notice, the deposit will be forfeited.

UNACCOMPANIED MINORS (UNDER 18 YEARS OF AGE)

We will be unable to treat children under the age of 18 unless a parent or guardian accompanies them. If circumstances are unavoidable and the parent is unable to attend the appointment with the child, then prior arrangements must be made with the front office. Arrangements would include a signed authorization from the parent or guardian and a means of payment for services rendered and not covered by the insurance company.

DUPLICATING RECORDS

There is a \$5.00, per patient, charge for duplicating records and x-rays. In order to meet your needs we require that you sign an authorization form and pay the fee.

Patient's signature (or parent if a minor)

Date

Child's Name