PRIME Dental
Dr. Tatiana Lucas, DDS
272 Cross Roads Plaza,
Mount Pleasant, PA 15666

FINANCIAL AND APPOINTMENT POLICY

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care, so that you may attain optimum oral health.

Please Note: Payment is due at the time service is provided. Our office accepts cash, personal checks, Credit cards, CareCredit and iCare. Outside financing is available upon request and approval. Payment can be done in person, by mail, or on-line on our website www.primedentalpa.com.

Please note: Additional fees will be applied for returned checks or insufficient funds checks. All account balances over 90 days are subject to a $35.00 late fee. We will charge 1.5% monthly (18% annual) interest on all past due balances.

Do you have insurance?

- ***As a courtesy to you***, we will process all of your dental insurance claims. Please understand that we will provide an insurance estimate to you; however***, it is not a guarantee that your insurance will pay exactly as estimated***. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums which are your responsibility. Please contact your insurance company for a detail of your benefits. Your insurance company and your plan benefits ultimately determine the amount paid. We will do all we can to ensure your estimate is as accurate as possible. Your estimated insurance benefit may differ due to a number of reasons, specifically related to your plan.
- In order for us to honor your insurance, you must provide proof of insurance coverage (i.e. insurance card, completed claim form, or benefits book, etc.) and we must be able to verify your coverage and current benefits prior to the treatment. If verification cannot be made you will be responsible for full charges to be paid prior or at the time of service.
- All charges you incur are your responsibility, regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you and your insurance company. Our office is not a party to that contract.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area not what your insurance company feels are usual and customary. You are responsible for any fees that are above your insurance company's usual and customary fees unless we have a contract fee with your insurance company or are a participation preferred provider (PPO) for your insurance company.
- We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office
- We ask that you pay the deductible, co-payment and co-insurance, which is the estimated amount not covered by your insurance company, by cash, check, Credit Card, CareCredit or i-Care at the time we provide the service to you.
- If, for any reason, after payment made to us by you and your insurance company, your patient ledger account has a credit (overpayment), at your discretion we will gladly either refund you the credit amount by check or original method of payment, or the overpaid amount can be used for future treatments.
- Insurance payments are ordinarily received within 30-60 days from the time of filing a claim. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any claim.

Minors accompanied by the parent or legal guardian: The parent or legal guardian accompanying a minor, who has consented to treatment are responsible for full payment at the time of service.

Unaccompanied Minors: The parent or legal guardian is responsible for full payment at time of service. Treatment consents and payment arrangements with the parent or legal guardian must be made prior to appointment or non-emergency treatment may be denied.

Missed Appointment (s) and Cancellations:

Our goal is to provide treatment in a timely manner with as few visits as necessary. Please consider your scheduled appointments carefully. In order to provide the best services to our patients, we require 24 hour cancellation notice for appointments of 60 min or less, and 48 h for appointments of more than 60 min. A charge may be assessed for multiple missed, short notice or cancelled appointments that ***will not*** be paid by your insurance company. Multiple failed appointments may result in being dismissed from the dental practice.

Consent:

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered.

I authorize the release of any information concerning my (or my child's) health care advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

Communications with you: By signing below, you are authorizing us to call you at any phone number you provide. You agree that we may, for training purposes or to evaluate the quality of our service, listen to and record phone conversations you have with us.

I HAVE READ, UNDERSTAND AND AGREE TO THE STATEMENT OUTLINED ABOVE.

_____ _____/_____/_____

Patient/GuardianSignature Date

_____

Print name