



Financial & Insurance Information

We appreciate you allowing us to provide dental care for your child. As one of the Valley's leading providers of pediatric dental care, we wish to attract parents that take an active role in their child's dental health and remain financially responsible. Because we value our relationship with you and believe that the best relationships are based upon understanding, we offer these clarifications on methods of payment & insurance reimbursement.

Upon your first visit, we will request a copy of your dental insurance information to allow us to file your claim for this and all future visits. Please remember to bring all dental insurance information, as well as insurance card(s) to every dental visit. We also ask that you contact us immediately after making any changes to your dental coverage, so we can keep our records current to help provide expeditious reimbursement of your benefits.

Dental Insurance. We are dedicated to providing all our patients with the *finest treatment available* and base our treatment recommendations on what will be **best** for your child and not what your insurance company does or doesn't pay. Please note the following in regards to your dental insurance coverage:

- (1.) We must emphasize that as a health care provider, our relationship is with you and not your dental insurance company. Your dental insurance is a contract between your employer and the insurance company. Most plans routinely pay between 50-75% of the average total fee for a covered treatment. This percentage is determined by how much your employer has paid for coverage.
- (2.) As a courtesy, we will be happy to file for your insurance benefits, though we are not obligated to do so. Because your dental insurance plan is a contract between you, your employer, and the insurance company, many carriers will not reimburse our office. In this instance, you will be responsible for the full cost of visits at the time services are provided and your insurance company will send you the reimbursement check, directly.
- (3.) Any amount determined not to be covered by your insurance company is payable at the time services are rendered; these fees may include deductibles, co-payments or certain procedures not covered by your insurance policy. Unfortunately, some of the services that we may recommend for your child will not be covered by your specific dental policy. Our primary goal is to treat your child using the best possible materials, supplies and medications within a safe and non-threatening environment and not necessarily in the cheapest manner, which is typically the goal of many insurance companies.
- (4.) We allow a maximum of 45-days for your insurance company to clear account balances. Any unpaid portions will be due in full, by you, after this period.
- (5.) Our office does not determine your dental benefits. Your employer chooses a particular policy and if you are unhappy with it's specific coverage, this should be brought to your superior's attention. Only your employer can adjust benefits or change policies.

Methods of Payment. For your convenience we accept cash, money orders, cashiers checks, personal checks, Visa and MasterCard. Funds for personal checks will be verified using our TeleCheck System and all returned personal checks will be assessed a \$35.00 management fee.

Financing Programs. To help provide cost-effective care to our patients, we offer several long & short term financing programs for dental treatment. Please feel free to inquire about these various payment programs.

Financial Obligation. After attempts to collect outstanding funds and a 90-day grace period from time of service, parents/guardians not fulfilling their financial obligation will be sent to collections, as stipulated by our accountants.

Prior to completing any treatment, we will provide you with a cost estimate indicating our total fee, what we anticipate your insurance coverage to be, and your estimated out-of-pocket portion (estimated patient portion or EPP). Please remember, this is only an estimate based upon generalized information provided by your dental insurance company. An additional billing or possibly a refund may be subsequently required should information provided be inaccurate.

We will always do our best to maximize the insurance benefits that you are eligible to receive and we appreciate your prompt settlement of any charges that may be incurred during your child's treatment process. We look forward to years of close association with you, as we work together to maintain your child's oral health!

Information Regarding How Dental Insurances Actually Work

For starters, there are no perfect dental insurance policies. Even in the best possible scenario, dental insurances will cover only 50-75% of certain dental treatments. This percentage is based upon how much your employer has provided to its employees for this specific benefit. Idaho Pediatric Dentistry has no control over how an insurance policy provides coverage for treatment. Should you be unhappy with your particular coverage, please contact your employer's human resource department to inquire about possible policy changes or upgrades.

After the treating doctor establishes a treatment plan for your child, an office administrator will then thoroughly review the doctor's recommended treatments, answer any clinical or financial questions and will present your expected financial obligation. An "EPP" or estimated patient portion will be presented to you, which is the anticipated amount that you will be responsible for and is based upon the latest information provided by your insurance company regarding your particular policy. However, this amount is strictly an estimate and very often is not what they will inevitably pay. Insurance companies refuse to provide dentists with the exact amount they will pay for a procedure, as they maintain the ability to sporadically change their coverage in order to manage their company's overhead. It is also important to understand that most policies have specific dental procedures that they will simply not cover at all. Should your particular policy not cover our provided treatments in the manner that we presented during the diagnostic phase of treatment, we apologize in advance and ask for your understanding, as we are, unfortunately, limited by how precise our estimates can be. Very often our estimates are correct or very close, but regrettably, insurance companies are deliberately deceptive during this process, which makes it impossible to obtain an exact, up-to-date amount until only after the claim has been processed. Because of this, you can expect to receive an updated billing statement from our office after your insurance company has paid its portion. This bill will be sent approximately 4-12 weeks after your visit, as insurance companies tend to take an extended period of time to settle such claims. Because of this, we appreciate you settling such remaining balances at your soonest convenience.

At Idaho Pediatric Dentistry, we always try to work within the boundaries established by your specific dental policy, but feel it is our ethical duty to present recommendations based upon what is truly best for your individual child, regardless of your policy's specific coverage. Should the financial burden of a recommended treatment be a burden, please feel free to inquire about any possible alternative treatments that may be covered by your particular policy. The treating doctor or treatment coordinator will review these possible options, if any exist.

As a courtesy to our patients & parents, we will be filing your insurance claims on your behalf. Though many local dental providers require patients pay the full amount for treatment in advance and ask that they file their own claim, we believe that this can cause much confusion and hard ache. In so, we are happy to complete this arduous step for you and appreciate your help in maintaining accurate and up-to-date information regarding your particular policy.

As always it is our primary goal to provide you and your family with the best treatment and service possible. Please feel free to contact us with any dental insurance questions or concerns and a financial coordinator will be happy to help with this sometimes-confusing subject.

I have read the previous information regarding dental insurance and my financial responsibility towards care rendered at Idaho Pediatric Dentistry. I understand that the parent or guardian who accompanies my child will be held responsible for payment at the time services are rendered, unless prior arrangements have been made. Furthermore, I understand that estimated patient portions presented during the examination phase of treatment may be inaccurate and that I am personally responsible for any additional amounts remaining on this account after insurance claims have been paid-in-full.

Parent or Legal Guardian Signature

Date