

FINANCIAL ARRANGEMENTS

PATIENTS WITH INSURANCE:

If you wish us to bill your insurance for you, **IT IS YOUR RESPONSIBILITY TO BRING ANY AND ALL INSURANCE CARDS AND INFORMATION WITH YOU.** Any incomplete or inaccurate information can result in unpaid claims.

Dr. Radakovich is not a contracted or preferred provider for any medical or dental insurance plan. We encourage you to familiarize yourself with your individual plan. If your insurance does not pay as you had expected, please call their customer service center for a detailed explanation as we are unable to guarantee your insurance benefits.

At the time of surgery, patients are requested to make an initial payment toward the estimated charges. This amount will be one-third ($\frac{1}{3}$) of the estimated charges. If your insurance pays in addition to what you have paid on the total charges, a refund will be sent to you. Refunds are sent out twice monthly.

Many people are under the impression that if they have insurance it is the insurance company that owes the doctor for his services. That is not the case. The insurance contract is between the patient and the insurance company. Therefore, the patient is responsible for the bill, regardless of insurance coverage.

Many insurance plans state that you will be covered "up to 50%, 80% or 100%." In spite of this statement, we have found in actuality that many plans may cover less than that, depending on their established usual and customary fees. Insurance companies use the term usual and customary when setting fee limitations on services. The benefits paid by your plan are largely determined by how much your employer or union paid for the plan. Please be aware that some insurance companies will pay a claim percentage based on their usual and customary fees, not our actual charges. It is for this reason that we require $\frac{1}{3}$ of the total estimated charges to be paid at the time of the surgery.

CANCELLATIONS:

If you need to cancel an appointment, please call our office 48 hours prior to your appointment time. **No-Show Appointments or failure to cancel** within 48 hours will be subject to a \$75.00 fee.

PATIENTS WITHOUT INSURANCE:

Patients without insurance are required to pay charges in full at the time of surgery and/or consultation. An estimate will be given to you at your appointment.

PRE-TREATMENT ESTIMATE:

Some insurance plans will require a pre-treatment estimate. Estimates will be submitted to your insurance only by your request. We honor estimates from your insurance in writing only. We will ask for any remainder balance that insurance does not estimate to pay at the time of surgery. Please be aware that a pre-treatment estimate is not a guarantee of payment by your insurance plan. Insurance companies need time to process your pre-treatment estimate. Please keep this in mind when scheduling your surgery appointment.

DISCOUNTS:

A 10% discount is offered to senior citizens (over age 65) when paying cash at the time of service. Discounts are not extended to credit card payments and patients with insurance. A 5% discount is offered to patients (under age 65) when paying cash for full surgery estimate at the time of service.

IMPLANT SURGERY:

At time of surgery we require one-half ($\frac{1}{2}$) of the estimated charges. If your insurance pays in addition to what you have paid on the total charges, a refund will be sent you. Refunds are sent out twice monthly.

PARENTAL RESPONSIBILITY:

Agreements between parents accepting or denying financial responsibility for dental/medical charges are not recognized by this office. We consider the guardian (custodial) parent to be responsible for payment of services. Young adults (age 18 or older) are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs a financial agreement. This is the case regardless of insurance benefits for which they may still be eligible.

ACCOUNT BALANCES:

The balance on your account is due in full within 90 days regardless of insurance coverage or anticipated payment from other sources. Accounts with a balance over 90 days are delinquent (payment is overdue). An interest charge of $1\frac{1}{2}\%$ per month will be added to the account (18% per annum). If your balance is over 90 days past due, we may send the account to a collection agency. Therefore, patients with insurance whose claims have not been paid within 60 days should contact their insurance company.

ASSIGNMENT AND RELEASE:

I understand my insurance coverage is a relationship between myself and my insurance company and I agree to accept financial responsibility for payment of charges incurred.

Signature _____

Date _____